

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

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IN RE: NATIONAL PRESCRIPTION MDL No. 2804  
OPIATE LITIGATION

Case No. 17-md-2804  
Judge Dan Aaron  
Polster

This document relates to:

The County of Summit, Ohio, et al.  
v. Purdue Pharma L.P., et al.  
Case No. 17-OP-45004

The County of Cuyahoga v. Purdue  
Pharma L.P., et al.  
Case No. 18-OP-45090

City of Cleveland, Ohio v. Purdue  
Pharma L.P., et al  
Case No. 18-OP-45132

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Videotaped deposition of
CHARLES I. TWIGG, IV

January 8, 2019
9:06 a.m.

Taken at:
Sheraton Suites - Cuyahoga Falls
1989 Front Street
Cuyahoga Falls, Ohio

Renee L. Pellegrino, RPR, CLR

<p style="text-align: right;">Page 2</p> <p>1 APPEARANCES: 2 On behalf of Summit County and City of Akron: Motley Rice 3 JODI WESTBROOK FLOWERS, ESQ. TOPE O. LEYIMU, ESQ. 4 28 Bridgeside Boulevard Mt. Pleasant, South Carolina 29464 5 (843) 216-9343 jflowers@motleyrice.com 6 tleyimu@motleyrice.com 7 On behalf of Walmart, Inc.: Jones Day 8 KRISTIN MORRISON, ESQ. North Point, 901 Lakeside Avenue 9 Cleveland, Ohio 44114-1190 (216) 586-3939 10 kmorrison@jonesday.com 11 On behalf of Endo Pharmaceuticals, Inc., Endo Health Solutions, Inc., Par Pharmaceuticals, 12 Inc. and Par Pharmaceutical Companies, Inc.: Baker & Hostetler 13 CAROLE S. RENDON, ESQ. MELISSA D. BERTKE, ESQ. (Via Telephone) 14 127 Public Square Suite 2000 15 Cleveland, Ohio 44114-1214 (216) 621-0200 16 crendon@bakerlaw.com mbertke@bakerlaw.com 17 On behalf of Mallinckrodt LLC and SpecGx LLC: 18 Ropes & Gray JOSHUA GOLDSTEIN, ESQ. 19 Prudential Tower, 800 Boylston Street Boston, Massachusetts 02199-3600 20 (617) 951-7000 joshua.goldstein@ropesgray.com 21 - and - Ropes & Gray 22 HAYDEN A. MILLER, ESQ. 1211 Avenue of the Americas 23 New York, New York 10036 (212) 596-9000 24 hayden.miller@ropesgray.com 25 ~ ~ ~ ~ ~</p>	<p style="text-align: right;">Page 4</p> <p>1 TRANSCRIPT INDEX 2 3 APPEARANCES2 4 INDEX OF EXHIBITS5 5 INDEX OF OBJECTIONS7 6 7 EXAMINATION OF CHARLES I. TWIGG, IV: 8 BY MR. CAREY13 9 BY MR. LANNIN262 10 BY MR. GOLDSTEIN273 11 BY MS. MORRISON293 12 13 AFTERNOON SESSION129 14 15 REPORTER'S CERTIFICATE301 16 17 EXHIBIT CUSTODY - RETAINED BY COURT REPORTER 18 19 20 21 22 23 24 25</p>
<p style="text-align: right;">Page 3</p> <p>1 APPEARANCES, CONT'D: 2 On behalf of McKesson Corporation: Covington & Burling LLP 3 PATRICK R. CAREY, ESQ. CORTLIN H. LANNIN, ESQ. 4 One Front Street San Francisco, California 94111-5356 5 (415) 591-7059 pcarey@cov.com 6 clannin@cov.com 7 On behalf of Teva Pharmaceuticals: (Via Telephone) 8 Morgan, Lewis & Bockius SAGIV Y. EDELMAN, ESQ. 9 200 South Biscayne Boulevard Suite 5300 10 Miami, Florida 33131-2339 (305) 415-3336 11 sagiv.edelman@morganlewis.com 12 ALSO PRESENT: Jim Torok, Videographer 13 14 ~ ~ ~ ~ ~ 15 16 17 18 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 5</p> <p>1 INDEX OF EXHIBITS 2 3 Number Description Marked 4 5 Exhibit 1 Safety Department/Division of 36 Fire Organization Chart June 6 2017, Bates Numbered AKRON_000003559 7 8 Exhibit 2 Notice of Videotaped Deposition 58 9 10 Exhibit 3 E-Mail from David O'Neal to 102 Charles Twigg dated March 4, 2018, Bates Numbered 11 AKRON_000246625 12 Exhibit 4 E-Mail String with Attachment, 106 Beginning Bates Number AKRON_000241788 13 Exhibit 5 E-Mail from EMS General 110 Announcements to EMS-General-A, 14 dated July 2, 2012, with Attachment, Beginning Bates 15 Number AKRON_000241989 16 Exhibit 6 E-Mail from Christine Curry to 116 thalg@cbnews.com, dated 17 August 22, 2016, Beginning Bates Number AKRON_000243690 18 19 Exhibit 7 E-Mail from Charles Brown to 120 Various Recipients, dated March 19, 2018, with Attachment, 20 Beginning Bates Number AKRON_000236205 21 22 Exhibit 8 Spreadsheet Excerpt, Beginning 136 Bates Number AKRON_001121887 23 Exhibit 9 Spreadsheet Excerpt, Beginning 149 Bates Number AKRON_001121886 24 25</p>

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<p style="text-align: right;">Page 11</p> <p>1 INDEX OF OBJECTIONS, CONT'D</p> <p>2</p> <p>3 Objection286</p> <p>4 Objection286</p> <p>5 Objection286</p> <p>6 Objection287</p> <p>7 Objection288</p> <p>8 Objection289</p> <p>9 Objection289</p> <p>10 Objection290</p> <p>11 Objection290</p> <p>12 Objection291</p> <p>13 Objection291</p> <p>14 Objection291</p> <p>15 Objection292</p> <p>16 Objection293</p> <p>17 Objection294</p> <p>18 Objection294</p> <p>19 Objection294</p> <p>20 Objection295</p> <p>21 Objection296</p> <p>22 Objection296</p> <p>23 Objection297</p> <p>24 Objection297</p> <p>25 Objection297</p> <p>Objection298</p> <p>Objection298</p>	<p style="text-align: right;">Page 13</p> <p>1 MR. MILLER: Hayden Miller, Ropes &</p> <p>2 Gray, on behalf of Mallinckrodt LLC and SpecGX,</p> <p>3 LLC.</p> <p>4 MS. MORRISON: Kristin Morrison of</p> <p>5 Jones Day on behalf of Walmart.</p> <p>6 MS. RENDON: Carole Rendon, Baker</p> <p>7 Hostetler, on behalf of the Endo Defendants.</p> <p>8 THE VIDEOGRAPHER: Folks on the</p> <p>9 phone?</p> <p>10 MR. EDELMAN: Sagiv Edelman, Morgan</p> <p>11 Lewis, on behalf of Defendant Teva</p> <p>12 Pharmaceuticals.</p> <p>13 THE VIDEOGRAPHER: Please swear the</p> <p>14 witness.</p> <p>15 CHARLES I. TWIGG, IV, of lawful age, called</p> <p>16 for examination, as provided by the Federal</p> <p>17 Rules of Civil Procedure, being by me first duly</p> <p>18 sworn, as hereinafter certified, deposed and</p> <p>19 said as follows:</p> <p>20 EXAMINATION OF CHARLES I. TWIGG, IV</p> <p>21 BY MR. CAREY:</p> <p>22 Q. Good morning, Chief Twigg.</p> <p>23 A. Good morning.</p> <p>24 Q. My name is Patrick Carey. I'll be</p> <p>25 taking your deposition today, and, as you just</p>

<p style="text-align: right;">Page 14</p> <p>1 heard, I represent one of the defendants, 2 McKesson Corporation, in this matter. 3 Can you please state your full name 4 and current title for the record? 5 A. My name is Charles Irvin Twigg, IV, 6 and I am currently a deputy chief on the Akron 7 Fire Department. 8 Q. And what is your current address? 9 A. My address is 1100 Salton, 10 S-a-l-t-o-n, Drive, Akron, Ohio 44333. 11 Q. I just want to cover some quick 12 ground rules about depositions. 13 Have you ever been deposed before? 14 A. No, sir. 15 Q. Okay. So I'll just run through some 16 of this stuff. 17 The first thing, you understand that 18 you're under oath today? 19 A. I do understand. 20 Q. Okay. And you understand that that 21 means you've been sworn to tell the truth just 22 as you would in a courtroom? 23 A. I do understand. 24 Q. Any reason you cannot give your full 25 and complete answers today, such as medications</p>	<p style="text-align: right;">Page 16</p> <p>1 marathon. 2 Sound good? 3 A. Yes, sir. 4 Q. And one final thing. Unless your 5 counsel instructs you not to answer, you should 6 go ahead and answer the question. She may 7 object, but as long as there's not a specific 8 instruction in there not to answer the question, 9 you should go ahead and answer the question, as 10 long as you understand it, after she finishes 11 her objection. 12 Does that make sense? 13 A. It does. 14 Q. Let's start with your educational 15 background. 16 Did you graduate from high school? 17 A. I did. 18 Q. And I'm sorry. Did you grow up in 19 the Akron area? 20 A. I did. 21 Q. And what high school did you 22 graduate from? 23 A. Springfield High School. 24 Q. Did you go to college after high 25 school?</p>
<p style="text-align: right;">Page 15</p> <p>1 that would affect your memory or anything like 2 that? 3 A. There is no reason. 4 Q. So I'm going to obviously ask you a 5 number of questions today, and please ask for a 6 clarification if you don't understand what I'm 7 asking. If you don't ask for a clarification, I 8 will assume that you understand the question. 9 So if something doesn't make sense, please just 10 ask and I'll try to do a better job with the 11 question. 12 Does that sound good to you? 13 A. Certainty. 14 Q. Allow me to finish my questions 15 before answering. The court reporter here is 16 going to be taking everything down. It gets 17 pretty tricky if we're talking over each other. 18 I'll try to let you give your full answer before 19 I ask my next question and I would just ask that 20 you let me finish my question before you start 21 answering. 22 Does that make sense? 23 A. Yes, sir. 24 Q. And we can take a break whenever you 25 need one. Just let me know. It's not a</p>	<p style="text-align: right;">Page 17</p> <p>1 A. I did. 2 Q. And where was that? 3 A. Ohio State University. 4 Q. And when did you graduate? 5 A. I did not graduate. 6 Q. What years were you at Ohio State? 7 A. I was at Ohio State beginning in 8 '86, 1986, and until the middle of 1987. 9 Q. Did you -- so you didn't graduate 10 from Ohio State, but did you attend any other 11 sort of secondary education after high school? 12 A. Yes. After my -- I attended 13 Cleveland State University as well and the 14 University of Akron. 15 Q. Did you obtain a degree from 16 Cleveland State University? 17 A. No. 18 Q. And what years were you there? 19 A. I only took one class at Cleveland 20 State in 1991. 21 Q. Okay. Do you remember the class? 22 A. It was trigonometry. 23 Q. Okay. What about the University of 24 Akron? Did you obtain a degree from there? 25 A. I did.</p>

<p style="text-align: right;">Page 18</p> <p>1 Q. Okay. And what was that in?</p> <p>2 A. In -- Associate of Technical</p> <p>3 Studies.</p> <p>4 Q. What years were you at the</p> <p>5 University of Akron?</p> <p>6 A. 19 -- I'm sorry. 2016 and 2017.</p> <p>7 Q. Any other post-high school</p> <p>8 education?</p> <p>9 A. The only other additional education</p> <p>10 would be related to the field of fire fighting</p> <p>11 and professional training.</p> <p>12 Q. Okay. Let's walk through that then.</p> <p>13 What training have you received for</p> <p>14 fire fighting?</p> <p>15 A. I'm a graduate of the Ohio Fire</p> <p>16 Executive Officer course.</p> <p>17 Q. Any other fire trainings?</p> <p>18 A. Yes. I'm a firefighter 2 for the</p> <p>19 State of Ohio. I'm a certified fire instructor</p> <p>20 through the State of Ohio. I'm a certified fire</p> <p>21 safety inspector through the State of Ohio. And</p> <p>22 then I have completed fire officer 1, 2, 3 and 4</p> <p>23 as well.</p> <p>24 Q. I think you said you're a</p> <p>25 firefighter 2 through the State of Ohio. Did I</p>	<p style="text-align: right;">Page 20</p> <p>1 about --</p> <p>2 Q. Can you remember -- what do you know</p> <p>3 about addiction from these trainings?</p> <p>4 A. Well, I would say that I know that</p> <p>5 addiction is a disease process, just like any</p> <p>6 other disease that affects the human body, that</p> <p>7 has the ability to rearrange our physiology and</p> <p>8 our thinking and it impacts our conduct as well</p> <p>9 as our decision-making.</p> <p>10 Q. Let's switch gears here to</p> <p>11 employment real quick.</p> <p>12 A. If I have thought of another</p> <p>13 certification, am I supposed to just throw it</p> <p>14 out there or wait till a break?</p> <p>15 Q. This is as good a time as any.</p> <p>16 A. Okay. I forgot to mention that I</p> <p>17 was a paramedic for the State of Ohio as well.</p> <p>18 Q. Okay. And when did you receive your</p> <p>19 paramedic certification?</p> <p>20 A. In 1993.</p> <p>21 Q. Okay. So Ohio firefighter 2 was '92</p> <p>22 and then paramedic certification '93. What's</p> <p>23 the -- what's the difference between those two</p> <p>24 types of certifications?</p> <p>25 A. Well, it basically qualifies you for</p>
<p style="text-align: right;">Page 19</p> <p>1 get that right?</p> <p>2 A. That is correct.</p> <p>3 Q. What does that mean?</p> <p>4 A. The state, through the EMS board,</p> <p>5 issues certifications for professional</p> <p>6 firefighters, and there's different levels.</p> <p>7 Currently you can be a firefighter 1 or a</p> <p>8 firefighter 2, and I hold the firefighter 2</p> <p>9 certification.</p> <p>10 Q. When did you obtain that</p> <p>11 certification?</p> <p>12 A. 1992.</p> <p>13 Q. Have you ever received any training</p> <p>14 or education related to addiction?</p> <p>15 A. I have not received any specific</p> <p>16 certifications related to addiction, but in the</p> <p>17 course of my career I'm confident I've attended</p> <p>18 at least some trainings that discussed</p> <p>19 addiction.</p> <p>20 Q. Do you remember what any of those</p> <p>21 trainings were?</p> <p>22 A. Not specifically.</p> <p>23 Q. Do you remember any of the material</p> <p>24 that was covered in these trainings?</p> <p>25 A. You'd have to be more specific</p>	<p style="text-align: right;">Page 21</p> <p>1 the different roles that the fire service offers</p> <p>2 in current organization. So the two big pieces</p> <p>3 of that would be fire fighting and then the EMS.</p> <p>4 So firefighter 2 qualifies you to respond to</p> <p>5 emergencies of all types, and basically that's</p> <p>6 when you get on the fire truck. And then being</p> <p>7 a paramedic and an EMT, which is two different</p> <p>8 levels of paramedicine, qualifies you to respond</p> <p>9 on an ambulance, med unit, and take care of</p> <p>10 people during medical emergencies.</p> <p>11 Q. So you mentioned paramedic and EMT</p> <p>12 are two different levels?</p> <p>13 A. That's correct.</p> <p>14 Q. Is there a higher of the two levels?</p> <p>15 A. Yes. EMT-B stands for basic, which</p> <p>16 would be the lower level, and then EMT-P stands</p> <p>17 for paramedic. The state also recognizes EMT-I,</p> <p>18 which would be an intermediate step in between</p> <p>19 the two, but we don't utilize that certification</p> <p>20 here in Akron.</p> <p>21 Q. And are you an EMT-B or an EMT-P?</p> <p>22 A. I am currently an EMT-B.</p> <p>23 Q. So currently. Were you ever an</p> <p>24 EMT-P?</p> <p>25 A. When I originally referred to my</p>

<p style="text-align: right;">Page 22</p> <p>1 certification in 1993, that was when I became an 2 EMT-P. I would have been certified as an EMT-B 3 sometime previous to that. 4 Q. And then -- I'm sorry. And then it 5 lapsed to go back to EMT-B; is that right? 6 A. I would not agree with the term 7 "lapsed." You have the option at some point in 8 our careers whether to continue as a paramedic 9 or step back to just an EMT-B, which is required 10 for the length of our careers, so at some point 11 in my career I made the decision to no longer 12 continue that certification. 13 Q. Understood. 14 All right. So now moving on to 15 employment, when did you start with the Akron 16 Fire Department? 17 A. I began August 10th of 1992. 18 Q. And between high school and '92, did 19 you hold any other jobs or employment positions? 20 A. Yes. Do you want every single one 21 or just the big ones? 22 Q. Why don't you give me what you can 23 remember. 24 A. All right. 25 I went to basic training in the Army</p>	<p style="text-align: right;">Page 24</p> <p>1 Q. And my understanding is that a fire 2 medic could be placed on either a fire truck or 3 some sort of fire-fighting apparatus or in an 4 ambulance; is that right? Am I right about 5 that? 6 A. You are correct about that. 7 Q. How does Akron Fire decide where 8 somebody -- a fire medic is going to go when 9 they hire that person? 10 A. We have 13 stations in the city, and 11 fire administration, based on several different 12 factors, including available manpower, the 13 location in the city, chooses to assign a 14 specified number of individuals to each of those 15 stations. 16 Q. Okay. So do each of these stations 17 have fire trucks and ambulances? 18 A. In the city each of our fire 19 stations have a fire engine and a medical unit. 20 Four of our stations have a ladder truck as 21 well. And then some of our stations have 22 command vehicles and then some of our stations 23 have specialty apparatus, but those would not be 24 in every single station. 25 Q. So these -- I guess these fire</p>
<p style="text-align: right;">Page 23</p> <p>1 for the Ohio Army National Guard in August of 2 '85, attended advanced training in the spring of 3 '86. So I was in the National Guard during that 4 time. And then I had a job at a hardware store 5 during my time in Columbus. I also painted. 6 Then I left Columbus to join the military full 7 time, spent four years in the Army, discharged 8 in June of '91. And then I had a short job with 9 State Chemical in Cleveland, an office job, 10 prior to coming on the fire department in '92. 11 Q. Was that an honorable discharge in 12 '91? 13 A. Yes, sir. 14 Q. All right. So then you started with 15 Akron Fire in '92. And what title did you have 16 when you first started with Akron Fire? 17 A. Fire medic is the starting level. 18 Q. And that's the -- that's the title 19 you had at that time? 20 A. Yes, sir. 21 Q. Can you describe what that position 22 entails for me? 23 A. In simplest terms, it's responding 24 to fire medical emergencies in the City of 25 Akron.</p>	<p style="text-align: right;">Page 25</p> <p>1 medics, could their -- kind of the nature of 2 their position change on a day-to-day basis? 3 Could they be on an ambulance one day and a fire 4 truck the next, or do they usually -- I'll stop 5 there and let you answer that. Could they 6 switch back and forth between the two positions? 7 A. It is accurate that on any given day 8 anyone assigned to operations could either be on 9 a fire apparatus or a medical apparatus. 10 Q. Okay. So you started as a fire 11 medic in '92. What was your next position after 12 that? 13 A. In 2000 I was promoted to 14 lieutenant. 15 Q. And what does the position of 16 lieutenant entail? 17 A. The lieutenant is the first line 18 supervisor in the fire station. The easiest way 19 to think of it is each fire apparatus has a boss 20 and that is the lieutenant. So they have a crew 21 of varying sizes, depending on the station, that 22 respond to them or report to them, and then they 23 are in charge of the daily activities at the 24 station as well as the first line supervisor 25 during emergency calls.</p>

<p style="text-align: right;">Page 26</p> <p>1 Q. How did you obtain that position?</p> <p>2 Was that an appointment? Did you apply for it?</p> <p>3 A. The City of Akron utilizes the Civil</p> <p>4 Service promotional system. At the time there</p> <p>5 was a two-part examination process consisting of</p> <p>6 a written examination and an assessment center.</p> <p>7 Those two scores were combined with seniority</p> <p>8 and a list was established. At that point we</p> <p>9 were interviewed and fire administration made</p> <p>10 their selections based on the rule of three.</p> <p>11 Q. How long were you a lieutenant?</p> <p>12 A. Approximately five years.</p> <p>13 Q. So what were you promoted to next?</p> <p>14 A. After lieutenant I was promoted to</p> <p>15 captain in the 2005 time frame.</p> <p>16 Q. Can you explain what the position of</p> <p>17 being a captain entails?</p> <p>18 A. So most of our captains are</p> <p>19 battalion commanders, and that is the command</p> <p>20 officer at the next level above lieutenant. The</p> <p>21 battalions are a grouping of stations, usually</p> <p>22 three or four stations, and the captains have</p> <p>23 administrative oversight for those stations as</p> <p>24 well as operational control at fire incidents.</p> <p>25 Q. What was your next position after</p>	<p style="text-align: right;">Page 28</p> <p>1 vacancies at the district chief level to match</p> <p>2 all of the current captains that were left. So</p> <p>3 everybody was promoted en masse based off of</p> <p>4 their finishing order on the previous exam at</p> <p>5 captain level by court order.</p> <p>6 Q. Okay. What is a -- can you describe</p> <p>7 the duties of a district chief?</p> <p>8 A. The district chief role varies based</p> <p>9 on the assignment. There's -- at that level</p> <p>10 there's a pretty big split in the administrative</p> <p>11 versus operational roles. You could be assigned</p> <p>12 to either one or you could move back and forth</p> <p>13 over time.</p> <p>14 Operationally, a district chief is</p> <p>15 traditionally in charge of an entire shift, so</p> <p>16 at that point you would have the shift commander</p> <p>17 in charge of three battalion commanders, who are</p> <p>18 in charge then of the lieutenants assigned to</p> <p>19 that shift.</p> <p>20 And then, administratively, we have</p> <p>21 six different bureau positions that each have a</p> <p>22 district chief in charge of them as a bureau</p> <p>23 manager.</p> <p>24 Q. And what -- so there's six different</p> <p>25 bureau positions. So did you hold one of these</p>
<p style="text-align: right;">Page 27</p> <p>1 captain?</p> <p>2 A. Ten years later I was promoted to</p> <p>3 district chief.</p> <p>4 Q. So in 2015 you became district</p> <p>5 chief?</p> <p>6 A. That is my recollection.</p> <p>7 Q. I'm sorry. Just backing up for one</p> <p>8 quick second. When you were promoted to</p> <p>9 captain, was that the same Civil Service</p> <p>10 promotional process?</p> <p>11 A. It was nearly identical, with a</p> <p>12 slightly different rating of the written test</p> <p>13 versus the assessment center.</p> <p>14 Q. Same question for your promotion</p> <p>15 from captain to district chief.</p> <p>16 A. That was more of a unique</p> <p>17 circumstance. I'm not sure if you're aware of</p> <p>18 the long-term lawsuit that was involved with the</p> <p>19 promotional system here in the city. We</p> <p>20 actually had two different promotional systems</p> <p>21 that took place for that. We took a test</p> <p>22 similar to the original two; however, that test</p> <p>23 wasn't utilized when it was all said and done.</p> <p>24 We ended up being promoted through an MOU with</p> <p>25 the courts, and at the time there were enough</p>	<p style="text-align: right;">Page 29</p> <p>1 bureau positions as district chief?</p> <p>2 A. I did hold a bureau position as a</p> <p>3 district chief.</p> <p>4 Q. Which ones?</p> <p>5 A. I was the accounting and services</p> <p>6 bureau manager.</p> <p>7 Q. Was that for the whole time you were</p> <p>8 district chief?</p> <p>9 A. That gets a little -- a little gray.</p> <p>10 At some point while I was still technically a</p> <p>11 district chief, I was also a provisional deputy</p> <p>12 chief, so at that point my responsibilities</p> <p>13 changed to have a greater supervisory role over</p> <p>14 some different bureaus, so while I still</p> <p>15 maintained that role as the accounting and</p> <p>16 services bureau manager, during that time, until</p> <p>17 the deputy chief promotion was final, I was a</p> <p>18 provisional, if that makes sense.</p> <p>19 Q. I think it does.</p> <p>20 Did you hold any other bureau</p> <p>21 district chief positions during that time</p> <p>22 period?</p> <p>23 A. Yes. At some point I was the -- I</p> <p>24 was a captain filling the district chief role in</p> <p>25 EMS prior to my moving to the accounting and</p>

<p style="text-align: right;">Page 30</p> <p>1 services bureau. Due to that extended lawsuit, 2 there were no district chiefs left, so several 3 of us at the captain rank were acting as 4 district chiefs during that time. 5 Q. Is that the role Chief Natko has 6 now? 7 A. That is correct. 8 Q. Do you know about what time period 9 you were filling in as the district chief in the 10 EMS bureau? 11 A. I was transferred to EMS in 2009 and 12 stayed there till sometime in 2011, at which 13 point I transferred over to the accounting and 14 services position. 15 Q. And then you were in the accounting 16 and services position from -- sorry, from 2011 17 on? 18 A. That would be accurate. 19 Q. Okay. And that's -- that was 20 similar. You were a captain filling in the 21 district chief role; am I saying that right? 22 A. That is a good description. There 23 was -- during that whole time frame there was a 24 lot of different strange things happening with 25 that position. There was times where you would</p>	<p style="text-align: right;">Page 32</p> <p>1 Q. And what about the position of 2 district chief; is that similar? 3 MS. FLOWERS: Object to the form. 4 A. Just backing up a little bit, you 5 described the district chief promotion as -- the 6 official promotion ended up being court ordered 7 through a memorandum of agreement, in which all 8 of the captains were promoted to district chief 9 at the same time; however, there had been a 10 competitive process that did not end up being 11 utilized. 12 Q. Okay. I just wanted to back up for 13 a quick second. 14 Can you describe your position as 15 the -- let me see if I get this right, the 16 accounting bureau and services manager? Can you 17 describe what that position entailed? 18 A. The accounting and services bureau 19 manager is -- has a few different roles. They 20 serve as the HR function for our organization 21 specifically, so all of the payroll issues, sick 22 time, leave, injuries, all the administrative 23 functions of IDs and change of addresses all 24 fall under that individual's purview. 25 In addition, that position has</p>
<p style="text-align: right;">Page 31</p> <p>1 work it for three months and then another person 2 would work it due to different legal 3 considerations and grievances and such, but as a 4 general rule, I served in that position from 5 2011 until 2015. 6 Q. And when did you become the 7 provisional deputy chief? 8 A. Sometime in 2015, to the best of my 9 recollection. 10 Q. And when -- what was your next -- 11 you're obviously not the provisional deputy 12 chief anymore. When did you obtain the title of 13 deputy chief? 14 A. I believe my official promotion was 15 in March or April of '16. 16 Q. Same question for that. I guess 17 starting with the provisional chief role, how 18 did you obtain that? Was that through the same 19 Civil Service process that you described for me? 20 A. No. Based on Civil Service rules in 21 the City of Akron, the administration has the 22 ability to utilize time and grade to 23 provisionally promote someone to the next rank, 24 so there was no competitive process for that 25 provisional promotion, if you will.</p>	<p style="text-align: right;">Page 33</p> <p>1 traditionally supervised our fire maintenance 2 facility, which is all of our mechanics, our 3 hydrant division, as well as our storeroom. 4 In addition, that individual 5 traditionally has been in charge of grant 6 writing, budgetary issues, and any other special 7 project, which it also would involve purchasing 8 and recordkeeping. That covers the main areas, 9 I believe. 10 Q. Who did you report to while you were 11 in that position? 12 A. Are you referring to my position as 13 the accounting and services bureau manager? 14 Q. Yes. 15 A. I had two or three different bosses 16 in that time frame. If I'm recalling correctly, 17 there was a Deputy Chief Dale Evans, Deputy 18 Chief Ed Hiltbrand and Deputy Chief Robert Ross, 19 and at some point Chief Ross became the fire 20 chief and I reported to him as well at that 21 time. 22 Q. And sorry. I just want to clarify. 23 Is that -- were all three of those people -- 24 were they -- all three were your bosses during 25 that whole time period?</p>

<p style="text-align: right;">Page 34</p> <p>1 A. No. I might have misspoke or been 2 confusing there. During the time that I was in 3 that position, I had different bosses at 4 different times. So I always had one boss, and 5 it would have either been Evans, Hiltbrand or 6 Ross, depending on the time frame. 7 Q. Understood. 8 And during the time period you were 9 the accounting and services manager, who 10 reported to you? 11 A. The position of finance officer is a 12 lieutenant that works with the accounting and 13 services bureau manager, then there is an 14 administrative staff of civilians that are under 15 the supervision of that position, and then there 16 is the entire staff at the fire maintenance 17 facility, which would include a supervisor, a 18 foreman, and seven or eight mechanics, as well 19 as a three-person crew in the hydrant division 20 with the foreman and then a two or three-person 21 crew in the storeroom as well with the 22 supervisor. 23 Q. Who was the finance officer during 24 your time as the accounting services manager? 25 A. During my time in that position, the</p>	<p style="text-align: right;">Page 36</p> <p>1 supervises the accounting and services bureau 2 manager, the EMS bureau manager, the training 3 bureau manager, and the communications bureau 4 manager. 5 Q. This is actually probably going to 6 help me more than you, but let's take a quick 7 look at a document here. 8 - - - - - 9 (Thereupon, Twigg Deposition Exhibit 10 1, Safety Department/Division of 11 Fire Organization Chart June 2017, 12 Bates Numbered AKRON_000003559, was 13 marked for purposes of 14 identification.) 15 - - - - - 16 Q. I'm handing to the court reporter 17 what was produced, Defendants' Exhibit 1, Bates 18 stamp Akron_000003559. 19 Do you recognize this document? 20 A. Yes, sir. 21 Q. This is more for me really to kind 22 of help me follow along with what you're talking 23 about. So kind of in the middle of the page 24 here, starting with DC, which I'm assuming 25 stands for district chief, David O'Neal, on the</p>
<p style="text-align: right;">Page 35</p> <p>1 majority of it was Lieutenant Ron Bresnick. 2 After his departure -- let me make sure I get 3 this right -- to the best of my recollection, 4 the order was John Morrison and then Mike 5 Angerstein, and at some point Dean Plevrakis 6 came in, and I can't remember exactly at what 7 point I got promoted versus him being there, but 8 those were the ones, the key players, while I 9 was there. 10 Q. All right. Turning to your current 11 position as deputy chief, can you describe for 12 me what that position entails? 13 A. In general terms, the deputy chief 14 position helps, from a, you know, 30,000-foot 15 view, decide the strategic objectives and the 16 goals of the organization in conjunction with an 17 additional deputy chief and the chief. We refer 18 to them as the senior leadership team. 19 Then, more specifically, deputy 20 chiefs are involved with investigating 21 infractions of the rules and policies and 22 recommending discipline. And then supervising 23 the bureau managers, we have the organization 24 split roughly in two, and the deputy chief of 25 administration, which is the role that I hold,</p>	<p style="text-align: right;">Page 37</p> <p>1 left; do you see that? 2 A. Yes. 3 Q. Is that the FMF bureau? 4 A. No. That's the fire maintenance 5 facility. In my previous description of my role 6 as the accounting and services manager, the fire 7 maintenance facility has traditionally reported 8 to the accounting and services bureau manager. 9 If you notice, over on -- under the 10 operations subdivision, you'll see that under 11 special operations, you also see DC David O'Neal 12 over there. 13 So what transpired after DC Kaut 14 came into the position of bureau accounting and 15 services, he has his CPA and has taken on -- 16 we've kind of changed that position to be a 17 little bit more involved in the purchasing and 18 budgetary role, and, therefore, we left the fire 19 maintenance facility under the supervision of 20 Dave O'Neal, who was the previous accounting and 21 services bureau manager. So he basically -- 22 O'Neal has two different -- a foot in two 23 different camps, so to speak. 24 Q. Let's walk through this then. You 25 oversee the fire and maintenance facility in</p>

<p style="text-align: right;">Page 38</p> <p>1 your current position as deputy chief?</p> <p>2 A. That is correct.</p> <p>3 Q. And you oversee the bureau of</p> <p>4 accounting and services in your current position</p> <p>5 as deputy chief?</p> <p>6 A. That is correct.</p> <p>7 Q. Same question for bureau of fire</p> <p>8 training. You oversee that bureau in your</p> <p>9 current position as deputy chief?</p> <p>10 A. I do.</p> <p>11 Q. Fire communications, you oversee</p> <p>12 that? I'm sorry. Is that a bureau?</p> <p>13 A. We call it a bureau, yes.</p> <p>14 Q. You oversee the fire communications</p> <p>15 bureau in your current position as deputy chief?</p> <p>16 A. I do.</p> <p>17 Q. And, lastly, bureau of EMS, you</p> <p>18 oversee the bureau of EMS as -- in your current</p> <p>19 position as deputy chief?</p> <p>20 A. I do.</p> <p>21 Q. Let's talk about fire</p> <p>22 communications.</p> <p>23 Who do you -- with whom do you</p> <p>24 communicate the most at fire communications?</p> <p>25 A. The current bureau manager at fire</p>	<p style="text-align: right;">Page 40</p> <p>1 headquarters, and that's our dispatch center.</p> <p>2 It's co-supervised with the police department as</p> <p>3 well. So we have a presence in the dispatch</p> <p>4 center, which is Chief Henderson and the three</p> <p>5 dispatch lieutenants, and they are responsible</p> <p>6 for ensuring that 911 calls are answered and</p> <p>7 dispatched appropriately.</p> <p>8 In addition, there is the small IT</p> <p>9 role I was describing, where we have individuals</p> <p>10 that help us with computer problems or e-mail,</p> <p>11 setting up, you know, the hardware, even phone</p> <p>12 systems, that type of stuff.</p> <p>13 Q. So if somebody places a 911 call in</p> <p>14 the city of Akron, does it go to the dispatch</p> <p>15 center that you just described?</p> <p>16 A. In normal circumstances, when you</p> <p>17 pick up the phone in the city of Akron and call</p> <p>18 911, the phone rings down at fire alarm</p> <p>19 headquarters.</p> <p>20 Q. I'm sorry. Is the fire alarm</p> <p>21 headquarters the same as the dispatch center you</p> <p>22 were just describing?</p> <p>23 A. It would be synonymous, yes.</p> <p>24 Q. I think we'll probably come back to</p> <p>25 that to talk some more about that later, but</p>
<p style="text-align: right;">Page 39</p> <p>1 communications is District Chief Leon Henderson.</p> <p>2 Q. Are there other -- are there other</p> <p>3 people in the fire and communications bureau?</p> <p>4 A. Our operations subdivision is split</p> <p>5 up with three shifts, an A, a B and a C shift,</p> <p>6 and those correspond to the 24-hour/48-hour</p> <p>7 shift system that we have here in the City of</p> <p>8 Akron. In simple terms, you work 24 and then</p> <p>9 you're off 48. So A works, then they're off for</p> <p>10 the B and C, and they come back on the A. So</p> <p>11 each of those shifts have a full-time lieutenant</p> <p>12 that is assigned to dispatch to the</p> <p>13 communications bureau. So they report directly</p> <p>14 to Chief Henderson, who reports to me.</p> <p>15 We also have individuals that are</p> <p>16 assigned to the safety information systems</p> <p>17 section, which is like a small IT section</p> <p>18 specific to the fire department, so we have two</p> <p>19 uniformed individuals assigned to that as well.</p> <p>20 So those would be the individuals assigned to</p> <p>21 the communications bureau currently.</p> <p>22 Q. What are the responsibilities of the</p> <p>23 fire communications bureau?</p> <p>24 A. Well, fire communications' largest</p> <p>25 role is about dispatch, our fire alarm</p>	<p style="text-align: right;">Page 41</p> <p>1 let's go through some of the other bureaus real</p> <p>2 quickly then.</p> <p>3 Bureau of fire training, can you</p> <p>4 describe the responsibilities of that bureau?</p> <p>5 A. Most fire departments of our size</p> <p>6 have a dedicated staff that is responsible for</p> <p>7 keeping up with the required training throughout</p> <p>8 the entire fire department. The City of Akron</p> <p>9 has a charter through the State of Ohio and we</p> <p>10 are certified and qualified to administer</p> <p>11 classes. We can have our own cadet academy,</p> <p>12 which we do. If you recall me describing that</p> <p>13 I'm a fire -- I'm sorry, a firefighter 2, in</p> <p>14 order to be able to obtain that certification,</p> <p>15 you have to attend a chartered institution in</p> <p>16 the state of Ohio.</p> <p>17 Originally, when I came on, our</p> <p>18 academy worked under the charter of Akron U. We</p> <p>19 currently now had applied for and have our own</p> <p>20 charter. So we do our own academy, which means</p> <p>21 we hire civilians, send them through our</p> <p>22 training academy, and, at the end, if they pass</p> <p>23 the test, they'll be a firefighter 2 as well.</p> <p>24 And then we have the ability to give</p> <p>25 the classes I described earlier, fire</p>

<p style="text-align: right;">Page 42</p> <p>1 instructor, fire inspector. Those are all 2 state-certified classes that have to come 3 through a chartered institution. 4 And then we give additional classes 5 for officer development, fire officer 1 and 2 6 and 3 and 4. We also can give the incident 7 safety officer and health and safety officer 8 class. 9 We also are responsible, or the fire 10 training academy is responsible for operational 11 training and continuing education just on an 12 ongoing basis for our individuals out in the 13 field. We'll maintain best practices across the 14 nation about firefighting, ventilation, rescue, 15 extrication. All of the individual skill sets 16 that you need to be a successful fire 17 organization are constantly changing, being 18 updated. It's our fire training bureau's 19 responsibility to get that training out to the 20 entire organization. 21 They are also responsible for 22 maintaining an apprenticeship program for our 23 new recruits, which takes three years. Again, 24 that's over -- that's supervised by the state as 25 well.</p>	<p style="text-align: right;">Page 44</p> <p>1 MS. FLOWERS: Same objection. 2 A. So there are some -- most directly, 3 the answer is yes. There are times where our 4 training bureau will provide training to the 5 general populous. There's a lot of overlap in 6 that particular area, though. We have a 7 community services bureau through fire 8 prevention that does some of that same style 9 training. We have an EMS section under Chief 10 Natko that's co-located with our training bureau 11 that also does civilian instruction at times. 12 Q. Can you name any of these trainings 13 that Akron Fire has put on for the general 14 population? 15 A. One of our more active community 16 outreach trainings would be CPR training. 17 Hands-only CPR is a really big trend right now. 18 We do -- occasionally we'll have civilians at 19 the training academy to get orientations and 20 familiarization training, you know, like a 21 citizen type academy. We've done those in the 22 past. 23 We have an Explorer's Post, that we 24 train high schoolers in fire-related subjects. 25 And there's been times where we've</p>
<p style="text-align: right;">Page 43</p> <p>1 And then we also have a veteran's 2 program that is certified to make sure that all 3 of our current veterans can get GI bill benefits 4 while they're, you know, participating in our 5 apprenticeship program. 6 Q. So let me just -- setting aside the 7 civilians that are coming into the training 8 program to become firefighters, does the bureau 9 of fire training do any training for the general 10 population of Akron? 11 MS. FLOWERS: Object to the form. 12 THE WITNESS: I'm sorry? 13 Q. You can answer. 14 A. Okay. I didn't hear what she said. 15 MS. FLOWERS: Sorry. I was just 16 putting an objection on the record. 17 THE WITNESS: Thank you. 18 There are -- could you ask your 19 question again, please? 20 Q. Sure. 21 So obviously there are civilians 22 that are coming into the fire training program 23 to become firefighters, but does the bureau of 24 fire training do trainings for the general 25 population?</p>	<p style="text-align: right;">Page 45</p> <p>1 opened up awareness training for civilians at 2 our academy. For example, I believe we held a 3 DAWN training about Narcan kits before at our 4 academy. 5 So there's various different times 6 that various different subjects come up and 7 we'll utilize that staff to reach out to the 8 public for some training. 9 Q. The DAWN training you just 10 mentioned, is that deaths avoided with naloxone? 11 Did I get that right? 12 A. Could you say it again, please? 13 Q. Deaths avoided with naloxone, is 14 that what DAWN stands for? 15 A. I believe that's what the name 16 stands for. 17 Q. In your current position as deputy 18 chief, who do you report to? 19 A. I report to Fire Chief Clarence 20 Tucker. 21 Q. Do you report to the mayor as well? 22 A. I do not report directly to the 23 mayor, but my chain of command would go from 24 Fire Chief Tucker up. 25 Q. What about the deputy mayor of</p>

<p style="text-align: right;">Page 46</p> <p>1 public safety, do you report to him?</p> <p>2 A. He's in my chain of command as well.</p> <p>3 Q. But your direct report is Clarence</p> <p>4 Tucker?</p> <p>5 A. Yes, sir.</p> <p>6 Q. Can you describe your interactions</p> <p>7 with Chief Tucker for me? Do you have regular</p> <p>8 meetings?</p> <p>9 A. Our offices are within 10, 15 feet</p> <p>10 of each other. We interact several times every</p> <p>11 day. We have official meetings for the entire</p> <p>12 staff on Tuesdays. And then it's very common</p> <p>13 for my counterpart, Rick Vober, and I, to have</p> <p>14 an unofficial daily or every other day sit-down</p> <p>15 just to kind of review what's going on in</p> <p>16 general terms. And then, of course, on a daily</p> <p>17 basis I will let Chief Tucker know about</p> <p>18 something I think rises to the importance of</p> <p>19 letting him know and he would do the same for</p> <p>20 me.</p> <p>21 Q. These entire staff meetings on</p> <p>22 Tuesday that you just mentioned, what do you</p> <p>23 mean by entire staff?</p> <p>24 A. Yeah. That was probably a bad</p> <p>25 description. We have a chiefs meeting on</p>	<p style="text-align: right;">Page 48</p> <p>1 A. Most times the notes are committed</p> <p>2 to Word and then shared with the group.</p> <p>3 Q. In your position as district chief,</p> <p>4 are you responsible for creating any reports?</p> <p>5 A. Can I clarify? You said as a</p> <p>6 district chief. I didn't know if you mean now</p> <p>7 or in my previous role.</p> <p>8 Q. I'm sorry. I meant as a deputy</p> <p>9 chief, so I'll rephrase that. As deputy chief,</p> <p>10 are you responsible for creating any reports?</p> <p>11 A. Could you describe what you mean by</p> <p>12 creating? I'm not sure exactly what you are</p> <p>13 looking for.</p> <p>14 Q. Sure.</p> <p>15 Do you collect numbers or statistics</p> <p>16 on anything going on at Akron Fire Department to</p> <p>17 share with anyone?</p> <p>18 A. My particular position, to say that</p> <p>19 I create reports would probably be a -- not an</p> <p>20 accurate description. Most times that I can</p> <p>21 think of, I would reach out to one of the bureau</p> <p>22 managers to develop some sort of report, so I</p> <p>23 would say that I am much more likely to ask for</p> <p>24 a report to be created than to create one myself</p> <p>25 at this point.</p>
<p style="text-align: right;">Page 47</p> <p>1 Tuesday. We just call it our staff meeting, but</p> <p>2 it is our uniformed staff. So each of the</p> <p>3 bureau managers, plus our safety officer, would</p> <p>4 meet, and we meet and each bureau will give a</p> <p>5 summary of current events and short-term plans,</p> <p>6 you know, in the near future. And then if the</p> <p>7 bureau manager is unavailable, we try and have</p> <p>8 them have a proxy in their place.</p> <p>9 Q. And you said these take place every</p> <p>10 Tuesday?</p> <p>11 A. They're scheduled for every Tuesday.</p> <p>12 Sometimes things come up and we'll cancel them,</p> <p>13 but as a general rule, we have a staff meeting</p> <p>14 each Tuesday.</p> <p>15 Q. Is there somebody in charge of</p> <p>16 taking notes at these meetings?</p> <p>17 A. At times we have someone that takes</p> <p>18 notes; not a hundred percent.</p> <p>19 Q. Are -- those notes, when they are</p> <p>20 taken, who's in charge of that?</p> <p>21 A. Traditionally, the chief's</p> <p>22 secretary, or administrative assistant is the</p> <p>23 proper term.</p> <p>24 Q. And are those notes shared with</p> <p>25 anyone?</p>	<p style="text-align: right;">Page 49</p> <p>1 Q. Are there any reports that you ask</p> <p>2 to be created on a regular basis?</p> <p>3 A. Not specifically.</p> <p>4 Q. Does Chief Tucker require any</p> <p>5 regular reports from anyone?</p> <p>6 MS. FLOWERS: Object to the form.</p> <p>7 A. Off the top of my head, I cannot</p> <p>8 think of a specific report that he requires of</p> <p>9 any individual on a regular basis.</p> <p>10 Q. So he's not your direct report, but</p> <p>11 Deputy Mayor Charles Brown, can you describe</p> <p>12 your interactions with him?</p> <p>13 A. Well, he is our public safety --</p> <p>14 he's deputy mayor of public safety, so in</p> <p>15 layman's terms, he is the boss of the police</p> <p>16 chief and the fire chief. So on somewhat</p> <p>17 regular occurrences we will attend meetings</p> <p>18 together. He'll attend the Tuesday meeting on a</p> <p>19 somewhat regular basis if his schedule allows.</p> <p>20 He will oftentimes reach out to us to get</p> <p>21 additional information as he prepares for a</p> <p>22 meeting, like, let's say, with cabinet. He'll</p> <p>23 reach out to us for details about specific</p> <p>24 purchases or projects that we might be involved</p> <p>25 in that he feels he's likely to be asked</p>

<p style="text-align: right;">Page 50</p> <p>1 questions about, and then we also inform him of 2 any large, important issues that we feel need 3 his immediate knowledge, that, you know, he 4 might decide whether or not to let the mayor 5 know about what's going on. 6 Q. Do you have any interactions with 7 the mayor? 8 A. Yes. 9 Q. Can you describe those interactions? 10 A. There's really no easy way to 11 describe how and when we end up interacting with 12 the mayor. We will attend public events at the 13 same time and the same place on a regular basis. 14 There's times where we'll be in the same 15 official meeting in some capacity. There's 16 times where, if Fire Chief Tucker is out of 17 town, one of the deputies will attend a meeting 18 in his place. So there's no specific organized 19 rhyme or reason to our interaction with the 20 mayor. 21 Q. Okay. Other than these Tuesday 22 meetings with the bureau chiefs, can you 23 describe in general terms your interactions with 24 the various bureau chiefs? 25 A. Well, I see my role as helping</p>	<p style="text-align: right;">Page 52</p> <p>1 MS. FLOWERS: Object to the form. 2 A. In general terms, I would feel 3 confident saying that we -- I have asked for 4 specifics on the number of overdose calls we've 5 been on. I know I've asked at some point or 6 another for information regarding our use of 7 Narcan. I know I've asked for information about 8 the number of EMS calls in general that we're 9 going on. I know I've asked for information 10 regarding which areas in the city are having the 11 most calls. Those would be examples of the type 12 of reports I would ask for. 13 Q. Okay. So in your current position 14 as deputy chief, do you have any 15 responsibilities for speaking to the media on 16 behalf of Akron Fire Department? 17 A. I do not have in my current job 18 description a specific responsibility that says 19 will speak for the fire department; however, in 20 the course of regular duties, there are 21 occasions where I end up having interaction with 22 the media, depending on the circumstances. 23 Q. Do you remember any statements 24 you've made to the media regarding drugs or 25 opioids?</p>
<p style="text-align: right;">Page 51</p> <p>1 direct the course, the overarching goals of each 2 bureau. I try and empower each of the bureau 3 managers to manage their positions and their 4 bureaus in their style and with their own 5 authority. I take on the role of facilitating 6 and empowering and organizing and trying to get 7 the approvals for many of the projects that 8 they're engaging in. I try and use my 9 experience and knowledge to help give those 10 bureau managers perspectives that they maybe 11 hadn't considered, and I try and give them the 12 tools to do their jobs and get out of their way 13 as much as I can. 14 Q. You mentioned that sometimes you ask 15 for reports from your bureau managers. Do any 16 of these reports relate to opioids? 17 A. I'm sure there's -- I can't think of 18 a -- one specific time where I asked for one 19 specific report related to opioids, but I am 20 positive that -- over the last few years that 21 there has been times where I've asked for 22 specific details to be looked up and reported 23 back to me or to others. 24 Q. Do you remember what any of those 25 details would be?</p>	<p style="text-align: right;">Page 53</p> <p>1 A. Yes. 2 Q. Can you describe those? Let's start 3 with this. How many times have you spoken to 4 the media regarding drugs or opioids? 5 A. The media? Well, I can think of one 6 in particular, and I think there's been at least 7 one or two other times where I may have -- 8 sometimes you -- you're speaking on a subject 9 and you don't realize necessarily that media is 10 there in the crowd, but I can think of at least 11 one press conference which I participated in. 12 Q. When was that press conference? 13 A. There was a press conference -- I 14 would have to guess on a date. I believe it was 15 July 7th of '16, right about there. 16 Q. What were you speaking to the media 17 about? 18 A. Well, we had had a really bad run of 19 overdoses on or about July 4th or 5th. It was 20 very alarming and the news media had quite a few 21 questions about what was going on. 22 Q. What types of overdoses were these? 23 A. At the time we didn't know what was 24 going on. 25 Q. Did you find out what was going on?</p>

<p style="text-align: right;">Page 54</p> <p>1 A. At some point afterwards it became 2 known that there were opioid overdoses of some 3 sort and there was, I think -- finally there was 4 some testing done that recognized carfentanyl 5 had somehow come into some people's systems 6 around that specific time frame. 7 Q. All right. I think you mentioned 8 that -- I think you phrased this as sometimes 9 you're speaking and you don't realize that 10 there's media there, but that's happened before. 11 In other words, I guess you were saying you've 12 spoken to the media kind of by accident; is that 13 right? 14 MS. FLOWERS: Object to the form. 15 A. Yeah. I think that's a fair 16 description. I'm thinking of a specific -- the 17 reason I said that is there was a time I gave a 18 briefing to the school board and some of our 19 council folks, and I think there was a reporter 20 there that I didn't realize at the time. Not 21 that it mattered, but I think I ended up getting 22 quoted in the paper about that particular 23 meeting. 24 Q. Do you remember what the quote was? 25 A. I don't recall what the quote was.</p>	<p style="text-align: right;">Page 56</p> <p>1 I've -- I think I have a small handful of nice 2 attaboy letters in my file. 3 Q. What about discipline? In your 4 career at Akron Fire have you ever faced 5 discipline? 6 A. Yes, at least, I think, twice I can 7 think of. I received a four-hour suspension for 8 a fender-bender in an ambulance as I was backing 9 into station 9, which was my fault. And another 10 time I was -- didn't hear the alarm go off and I 11 received a written reprimand for it. 12 Q. Have you ever received any 13 reprimands or criticisms short of formal 14 discipline, like the two you just described? 15 A. You'd have to be more specific. 16 Q. You know, strike that. We'll move 17 on. That's fine. 18 Prior testimony, have you ever -- 19 you have not been deposed before, correct? 20 A. No, sir. 21 Q. Have you ever testified at a trial? 22 A. No, sir. 23 Q. Have you ever testified at any sort 24 of administrative proceeding? 25 A. Could you help me understand what</p>
<p style="text-align: right;">Page 55</p> <p>1 Q. Do you remember what it was in 2 regards to? 3 A. My recollection at that particular 4 briefing, I think I went because District Chief 5 Natko was not available. He has really been the 6 person that speaks to public groups the most on 7 this particular subject, but my recollection is 8 that the school board and the council members 9 that were attending were just wanting an update 10 of where things stood with the opioid epidemic 11 and its impact on the fire department, so I 12 spoke briefly on that. 13 Q. Do you remember when this was? 14 A. I recall this to be sometime in 15 2017. 16 Q. Have you ever made any public 17 speeches or presentations relating to drugs or 18 opioids? 19 A. I don't recall anything that would 20 fall under that description, no, other than what 21 I've already described. 22 Q. In your career at Akron Fire have 23 you received any special commendations or 24 awards? 25 A. I can't recall a specific award.</p>	<p style="text-align: right;">Page 57</p> <p>1 administrative proceeding means? 2 Q. Sure. So something short of a 3 formal court matter, such as a disciplinary 4 hearing, something like that. 5 A. Yeah. We -- we, being myself and 6 Deputy Chief Vober, provide disciplinary 7 hearings. We also participate in hearings, 8 meetings with individuals in the law department 9 and/or labor relations. So that would be 10 something along those lines, I guess. 11 Q. What about testimony before 12 government executives or policy makers? So 13 setting aside the council meeting, have you ever 14 testified to a government executive or policy 15 maker? 16 A. I'd have to understand what you mean 17 by testify. I mean, have I raised my hand and 18 had my comments recorded? Is that what you 19 mean? 20 Q. Sure. Let's start with that. 21 A. No. 22 - - - - - 23 (Thereupon, Twigg Deposition Exhibit 24 2, Notice of Videotaped Deposition, 25 was marked for purposes of</p>

<p style="text-align: right;">Page 58</p> <p>1 identification.)</p> <p>2 - - - - -</p> <p>3 Q. Chief Twigg, the court reporter is</p> <p>4 handing you Defendants' Exhibit 2. Do you</p> <p>5 recognize this document?</p> <p>6 A. Yes.</p> <p>7 Q. What is it?</p> <p>8 A. It's the notice of videotaped</p> <p>9 deposition of Charles Twigg.</p> <p>10 Q. This is really just a house cleaning</p> <p>11 issue, so just needed to get that entered.</p> <p>12 MR. CAREY: We've been going about</p> <p>13 an hour. Do you want to take a break?</p> <p>14 THE WITNESS: Sure.</p> <p>15 THE VIDEOGRAPHER: Going off the</p> <p>16 record, 10:12.</p> <p>17 (Recess had.)</p> <p>18 THE VIDEOGRAPHER: Back on the</p> <p>19 record, 10:29.</p> <p>20 BY MR. CAREY:</p> <p>21 Q. All right, Chief Twigg. Right</p> <p>22 before the break there, we looked at the</p> <p>23 deposition notice. What have you done to</p> <p>24 prepare for today's deposition?</p> <p>25 A. There's been no specific preparation</p>	<p style="text-align: right;">Page 60</p> <p>1 A. No, sir.</p> <p>2 Q. Did you do any Google or internet</p> <p>3 research to prepare for the deposition?</p> <p>4 A. No, sir.</p> <p>5 Q. Did you talk to Chief Natko about</p> <p>6 his deposition?</p> <p>7 A. No, sir.</p> <p>8 Q. What is your understanding of this</p> <p>9 lawsuit?</p> <p>10 A. In general terms, I believe the</p> <p>11 lawsuit is a group of agencies, local</p> <p>12 governments, are seeking damages against the</p> <p>13 manufacturers and distributors and pharmacies</p> <p>14 involved with the opioid crisis in an attempt to</p> <p>15 recoup the financial impact of the opioid crisis</p> <p>16 for the responding agencies.</p> <p>17 Q. Have you read the complaint in this</p> <p>18 matter?</p> <p>19 A. Not in its entirety, no.</p> <p>20 Q. Do you remember what portions of the</p> <p>21 complaint you read?</p> <p>22 A. I do not.</p> <p>23 Q. Have you read any other documents</p> <p>24 related to this case?</p> <p>25 A. I've been provided with</p>
<p style="text-align: right;">Page 59</p> <p>1 on my part.</p> <p>2 Q. Did you meet with anyone?</p> <p>3 A. I've met with counsel.</p> <p>4 Q. How many times?</p> <p>5 A. I believe I've met with them three</p> <p>6 times.</p> <p>7 Q. Starting with the first meeting, do</p> <p>8 you remember how long that meeting was?</p> <p>9 A. I do not recall.</p> <p>10 Q. Full day meeting?</p> <p>11 A. No. It would be less than that.</p> <p>12 Q. Somewhere between half a day and a</p> <p>13 full day?</p> <p>14 MS. FLOWERS: Object to the form.</p> <p>15 A. I don't believe any of my meetings</p> <p>16 with counsel went more than a half a day.</p> <p>17 Q. Did you review any documents at</p> <p>18 these meetings?</p> <p>19 A. Not that I recall.</p> <p>20 Q. Did you do anything else in</p> <p>21 preparation for today's deposition?</p> <p>22 A. No, sir.</p> <p>23 Q. You didn't talk to anyone other than</p> <p>24 your attorneys?</p> <p>25 MS. FLOWERS: Object to the form.</p>	<p style="text-align: right;">Page 61</p> <p>1 interrogatories and I've read those.</p> <p>2 Q. Do you remember -- interrogatories</p> <p>3 generally are served in sets. Do you remember</p> <p>4 what set of interrogatories you reviewed?</p> <p>5 A. There's been several. I would have</p> <p>6 a hard time distinguishing amongst them.</p> <p>7 Q. Have you spoken to anyone about the</p> <p>8 case other than the city's attorneys?</p> <p>9 MS. FLOWERS: Object to the form.</p> <p>10 A. No, sir.</p> <p>11 Q. Have you spoken to anyone within the</p> <p>12 fire department about the case?</p> <p>13 A. I guess to say that people know I</p> <p>14 have a deposition today, people know that</p> <p>15 there's a case going on. I've had -- the</p> <p>16 subject has come up. So I guess I'm not sure</p> <p>17 what you're asking about have I spoke to them</p> <p>18 about the case. But clearly as a supervisor</p> <p>19 over EMS, the subject of this case has come up.</p> <p>20 Q. Do you remember any specific</p> <p>21 conversations about this case?</p> <p>22 MS. FLOWERS: Object to the form.</p> <p>23 A. In my description of the subject has</p> <p>24 come up, I guess I'm referring specifically to</p> <p>25 the discovery process that was required of us.</p>

<p style="text-align: right;">Page 62</p> <p>1 There's been a decent amount of conversation 2 about which records, where they are, how to 3 produce them, that type of stuff. 4 Q. Any more detail that you remember 5 about those conversations? 6 MS. FLOWERS: Object to the form. 7 A. No. That's -- that would be the 8 extent of my recollection of what we've spent 9 any decent amount of time talking about is just 10 the logistics of our participation. 11 Q. I'm going to go through a list of 12 names of companies and ask three questions about 13 each one of them. And just to kind of preview, 14 it's a decent size list, and the questions are 15 going to be, one, have you heard of them; two, 16 what do you know about the company; and, three, 17 if you have any -- if you or if you have 18 knowledge of anyone in the fire division ever 19 contacting one of these companies about opioids. 20 So that's kind of a preview of it for you. 21 That's not an actual question yet. 22 So I'll get to this. Have you ever 23 heard of Discount Drug Mart? 24 A. Yes. 25 Q. What do you know about Discount Drug</p>	<p style="text-align: right;">Page 64</p> <p>1 A. No, sir. 2 Q. To your knowledge, has anyone in the 3 fire division ever contacted Cardinal Health 4 related to opioids? 5 MS. FLOWERS: Object to the form. 6 A. No, sir. 7 Q. Have you ever heard of 8 AmerisourceBergen Drug Corp? 9 A. I have. 10 Q. Same question. What do you know 11 about AmerisourceBergen? 12 A. I'm not positive, but I think they 13 might be a distributor of pharmaceuticals, and 14 that would be the extent of my knowledge, if I'm 15 even correct. 16 Q. Have you or, to your knowledge, 17 anyone in the Akron Fire division ever had any 18 contact with anyone at AmerisourceBergen related 19 to opioids? 20 A. No, sir. 21 Q. Have you ever heard of H.D. Smith? 22 A. Again, it sounds familiar. 23 Q. Any knowledge of H.D. Smith other 24 than it sounding familiar? 25 A. No, sir.</p>
<p style="text-align: right;">Page 63</p> <p>1 Mart? 2 A. I basically know them as a retail 3 operation. 4 Q. And how are you familiar with 5 Discount Drug Mart? 6 A. As a general citizen of the public, 7 just knowing that Discount Drug Mart exists. 8 Q. Have you ever contacted Discount 9 Drug Mart regarding opioids? 10 A. No, sir. 11 MS. FLOWERS: Object to the form. 12 Q. To your knowledge, has anyone in the 13 Akron Fire division ever contacted Discount Drug 14 Mart regarding opioids? 15 A. No, sir. 16 Q. Have you ever heard of Cardinal 17 Health? 18 A. The name sounds familiar, yes. 19 Q. What do you know about Cardinal 20 Health? 21 A. I believe them to be a company in 22 the healthcare industry. The specifics of what 23 they do I'm not aware of. 24 Q. Have you ever contacted Cardinal 25 Health related to opioids?</p>	<p style="text-align: right;">Page 65</p> <p>1 Q. Have you or, to your knowledge, 2 anyone in the Akron fire division ever contacted 3 H.D. Smith related to opioids? 4 A. No, sir. 5 Q. Ever heard of Anda? 6 A. I believe so. 7 Q. What do you know about this company? 8 A. Nothing in specific. 9 Q. Have you or, to your knowledge, 10 anyone in the Akron fire division ever contacted 11 Anda about opioids? 12 A. No, sir. 13 Q. Have you ever heard of Purdue? 14 A. I have. 15 Q. What do you know about that company? 16 A. I'm relatively confident they are a 17 manufacturer of prescription medication. 18 Q. Have you or, to your knowledge, 19 anyone in the Akron fire division ever contacted 20 Purdue related to opioids? 21 A. No, sir. 22 Q. Have you ever heard of Actavis? 23 A. I believe so. 24 Q. And what do you know about that 25 company?</p>

<p style="text-align: right;">Page 66</p> <p>1 A. No specific knowledge about their 2 organization. 3 Q. Have you or, to your knowledge, 4 anyone in the Akron fire division ever contacted 5 Actavis in relation to opioids? 6 A. No, sir. 7 Q. Have you ever heard of Cephalon? 8 A. I believe so. 9 Q. What do you know about that company? 10 A. Again, nothing specific. 11 Q. The name just sounds familiar? 12 MS. FLOWERS: Object to form. 13 A. It does. 14 Q. Have you or, to your knowledge, 15 anyone in the Akron fire division ever contacted 16 Cephalon in relation to opioids? 17 A. No, sir. 18 Q. Ever heard of Walgreens? 19 A. Yes, sir. 20 Q. What do you know about Walgreens? 21 A. In relation to this case or just in 22 general? 23 Q. In relation to this case. 24 A. I know they're a pharmacy. I'm not 25 positive where -- what they do beyond their</p>	<p style="text-align: right;">Page 68</p> <p>1 A. No specific details. 2 Q. Have you or, to your knowledge, 3 anyone in the Akron fire division ever contacted 4 anyone at Insys in relation to opioids? 5 A. No, sir. 6 Q. Have you ever heard of Mallinckrodt? 7 A. I have. 8 Q. What do you know about that company? 9 A. They, I believe, are a distributor 10 of medications, and I know of them based on an 11 initiative that they started with some of our 12 local pharmacies to hand out drug disposal bags. 13 They're a little pouch that has, as I recall, 14 activated charcoal in it, where you throw some 15 pills in there and put some water in and shake 16 it up. And that was an initiative with, I 17 recall, the Acme local grocery chain. And it 18 has a pharmacy. And I think Mallinckrodt came 19 in, worked with them and the Summit County 20 Public Health Department, to distribute those 21 bags through the EMS system. 22 Q. Do you remember when that started? 23 A. I don't, but as I think about it, if 24 I were to make an educated guess, I would 25 believe it would be sometime in 2017, maybe</p>
<p style="text-align: right;">Page 67</p> <p>1 pharmacy role. I don't know if they're a 2 distributor or a manufacturer, but I do know 3 they're a pharmacy, and I have not contacted 4 them. 5 Q. Okay. Ever heard of Janssen 6 Pharmaceuticals? 7 A. I have. 8 Q. What do you know about that company? 9 A. Again, nothing specific. I just 10 recall the name. 11 Q. Have you or, to your knowledge, 12 anyone in the Akron fire division ever contacted 13 Janssen in relation to opioids? 14 A. No, sir. 15 Q. Have you ever heard of Endo? 16 A. I believe. 17 Q. What do you know about that company? 18 A. Nothing in particular on that one. 19 Q. Have you or, to your knowledge, 20 anyone in the Akron fire division ever contacted 21 Endo in relation to opioids? 22 A. No, sir. 23 Q. Ever heard of Insys Therapeutics? 24 A. I believe I have. 25 Q. What do you know about that company?</p>	<p style="text-align: right;">Page 69</p> <p>1 early '17. 2 Q. Have you ever heard of Prescription 3 Supply, Inc.? 4 A. It vaguely sounds familiar. 5 Q. Do you know anything about that 6 company other than it sounding familiar? 7 A. No, sir. 8 Q. Have you or, to your knowledge, 9 anyone in the Akron fire division ever contacted 10 Prescription Supply, Inc. in relation to 11 opioids? 12 A. No, sir. 13 Q. Have you ever heard of McKesson? 14 A. I have. 15 Q. What do you know about McKesson? 16 A. I just know the name from, I 17 believe, advertisements. 18 Q. Have you or, to your knowledge, 19 anyone from the Akron fire division ever 20 contacted McKesson in relation to opioids? 21 A. No, sir. 22 Q. Have you ever heard of CVS? 23 A. Yes, sir. 24 Q. What do you know about CVS? 25 A. I don't know how large they are, but</p>

<p style="text-align: right;">Page 70</p> <p>1 I -- they have quite a few pharmacies in town, 2 and they just made the news for buying Ritzmans 3 and plan on shutting a bunch of those down. So 4 that's kind of a new thing. It was in the news 5 here recently. 6 Q. Have you or, to your knowledge, 7 anyone in the Akron fire division ever contacted 8 CVS in relation to opioids? 9 A. I can't guarantee that somebody 10 hasn't contacted them as a customer, but in 11 regards to representing fire administration or 12 anything to do with the opioid crisis, the 13 answer would be no. 14 Q. Have you ever heard of HBC Services 15 Company? 16 A. I think so. 17 Q. What do you know about HBC Services 18 Company? 19 A. Nothing in particular. The name 20 sounded familiar. 21 Q. Have you or, to your knowledge, 22 anyone in the Akron fire division ever contacted 23 HBC Services Company in relation to opioids? 24 A. No, sir. 25 Q. Have you ever heard of Rite-Aid?</p>	<p style="text-align: right;">Page 72</p> <p>1 Q. Would you have known -- I'm sorry. 2 Were you involved in healthcare issues during 3 that -- 4 A. Well, could you elaborate? 5 Q. Were you involved in helping pick an 6 insurance provider for the fire division? 7 A. No. That would have been -- no, I 8 have not. 9 Q. Would you have been involved for any 10 reason with anyone in the fire division filling 11 prescriptions in general for anything? 12 MS. FLOWERS: Object to the form. 13 A. I don't believe so, no. 14 Q. Okay. One more on the long list. 15 Have you ever heard of Walmart? 16 A. I have. 17 Q. What do you know about Walmart? 18 A. They're a large retailer and they 19 have pharmacies, and they're related to Sam's 20 Club, a super gigantic corporation. Other than 21 that, just the standard retail stuff. 22 Q. Have you or anyone from the Akron -- 23 to your knowledge, has anyone from the Akron 24 fire division contacted Walmart in relation to 25 opioids?</p>
<p style="text-align: right;">Page 71</p> <p>1 A. Yes, sir. 2 Q. What do you know about Rite-Aid? 3 A. Only that they're a pharmacy that 4 has lots of stores. 5 Q. Have you or, to your knowledge, 6 anyone in the Akron fire division ever contacted 7 Rite-Aid in relation to opioids? 8 A. No, sir, again, other than whatever 9 they might have done as a private customer. 10 Q. When you say that, you mean there 11 might be somebody from the fire department who 12 was filling an opioid prescription? 13 MS. FLOWERS: Object to the form. 14 A. Yes. You asked if they've ever 15 contacted in relation to opioids, so my thinking 16 was that I can't guarantee you that a 17 firefighter or a medic haven't called to get a 18 prescription filled that might have been an 19 opioid, so I was trying to answer as honestly as 20 I could. 21 Q. Understood. 22 When you were at the accounting and 23 services bureau, you were involved in HR issues; 24 is that right? 25 A. That would be correct.</p>	<p style="text-align: right;">Page 73</p> <p>1 A. No, sir. 2 Q. Chief Twigg, you use e-mail, 3 correct? 4 A. I do. 5 Q. And you have a work e-mail account? 6 A. I do. 7 Q. What is that e-mail address? 8 A. My e-mail address at work is 9 Ctwigg@arkonohio.gov. 10 Q. During your time at Akron Fire -- 11 sorry. Strike that. 12 Have you had the same e-mail address 13 the whole time you've been at Akron Fire? 14 A. No. The beginning of it has been 15 the whole time, the Ctwigg. We used to have it 16 -- it might be a struggle to say it out loud -- 17 ci.akron.oh type e-mail address, and then we 18 changed to Akronohio.gov at some point, but my 19 understanding is everything that went to the 20 previous e-mail address was automatically 21 redirected to the new e-mail address. 22 Q. You guessed what my next question 23 was going to be. 24 Do you delete e-mails? 25 A. I personally am required to delete</p>

<p style="text-align: right;">Page 74</p> <p>1 e-mails out of my -- my particular account when 2 a mailbox gets to a certain size, but it is my 3 understanding that there is no true deleting of 4 e-mails through the City of Akron. It's just no 5 longer in our specific account. 6 Q. So are any of your e-mails from your 7 inbox auto deleted? 8 A. No. 9 Q. Whenever -- so you said that you're 10 required to delete e-mails when your inbox, I 11 guess, gets to a certain size. Walk me through 12 that. Do you get an alert and then go and start 13 deleting e-mails? 14 A. Again, I would caution against the 15 term "delete," so the way it transpires is we 16 have a two gigabyte max on our inbox or on our 17 mail account, so sent mail, inbox, saved mail, 18 and your deleted folder all work against that 19 two gigabyte size. So we do get alerts saying, 20 you know, you're down to 1. -- you know, you get 21 1.9 -- you're at .02 left, or something along 22 these lines. And then you need to start 23 deleting from your specific account e-mails to 24 get that size smaller. However, we have an 25 archive through the city, so again, although you</p>	<p style="text-align: right;">Page 76</p> <p>1 to them? 2 A. The -- could you ask that one more 3 time, please? 4 Q. Yes. 5 Is there -- does the Akron Fire 6 Department have some capabilities or some 7 function to send mass texts to all the firemen? 8 A. Okay. Yes and no. The fire 9 department has use of the county's WENS system. 10 And I do not recall what the acronym stands for. 11 I think it's something emergency notification 12 system. And that's a county asset that we have 13 access to. I believe it was originally designed 14 for mass notification of the public for local 15 emergencies. We have worked out an agreement 16 with the county where we can notify our 17 employees of overtime opportunities, so we do 18 have the ability for those who have signed up to 19 send out a mass text, as you described, through 20 that system. 21 Q. Did you receive a notice to preserve 22 documents related to this litigation? 23 A. I did. 24 Q. Do you remember when you received 25 it?</p>
<p style="text-align: right;">Page 75</p> <p>1 are deleting it from your individual accounts, 2 it doesn't go away per se, it's just on a 3 different server, is my understanding. 4 Q. Do you have a personal e-mail 5 address? 6 A. I do. 7 Q. Do you use that e-mail for work? 8 A. I do not. 9 Q. What's your -- if you're attending a 10 meeting, what's your general practice? Do you 11 take notes at meetings? 12 A. Not usually. 13 Q. If you do take notes, do you keep 14 them somewhere? 15 A. No, I do not. 16 Q. Do you text or otherwise instant 17 message at all for work? 18 A. No, not -- not of anything of 19 substance. I would text somebody, hey, give me 20 a call, or hey, are you working today, those 21 type things. Anything of substance I do via 22 e-mail. 23 Q. Does the Akron fire division have 24 some sort of alert system for the fire 25 department employees to send mass or group texts</p>	<p style="text-align: right;">Page 77</p> <p>1 A. No, but it would have been very 2 early on in my knowledge that this case even 3 existed. 4 Q. And have you abided by that notice? 5 A. Absolutely. 6 Q. Did anyone collect information or 7 documents from you for production to Defendants 8 in this matter? 9 A. I believe so, yes. 10 Q. Do you remember anything about that 11 collection beyond you thinking that it occurred? 12 MS. FLOWERS: Object to the form. 13 A. I think I specifically know that all 14 of my e-mails were submitted or searched, 15 something to that effect. 16 Q. Switching gears a little bit here, 17 can you describe at a high level the 18 responsibilities of the Akron fire division? 19 A. To take from our mission statement, 20 we exist to protect the citizens and the 21 community and our environment from both fire and 22 emergency medical hazards as well as hazardous 23 conditions. 24 Q. And just a terminology question. Is 25 Akron Fire Department an appropriate term or is</p>

<p style="text-align: right;">Page 78</p> <p>1 it only referred to as the Akron fire division?</p> <p>2 A. I think Akron Fire Department is a</p> <p>3 good term.</p> <p>4 Q. If I say that, am I referring to the</p> <p>5 division as a whole?</p> <p>6 A. I don't think you would be mistaken</p> <p>7 to use division or department. That doesn't</p> <p>8 distinguish anything different in anyone's mind</p> <p>9 that I'm aware of.</p> <p>10 Q. The fire department responds to</p> <p>11 emergency calls?</p> <p>12 A. Yes.</p> <p>13 Q. Any other type of calls that the</p> <p>14 fire department is in charge of responding to?</p> <p>15 A. Well, we respond to non-emergency</p> <p>16 calls as well.</p> <p>17 Q. Can you give me some examples of</p> <p>18 non-emergency calls?</p> <p>19 A. The proverbial cat in the tree, for</p> <p>20 example. You'd be surprised, but we get very</p> <p>21 strange calls for all kinds of different things,</p> <p>22 so we don't always turn on lights and sirens</p> <p>23 based on the type of call.</p> <p>24 Q. When I use the word "opioid," what</p> <p>25 do you understand that term to mean?</p>	<p style="text-align: right;">Page 80</p> <p>1 you can think of that would fall under the</p> <p>2 general opioid umbrella?</p> <p>3 A. I'm not sure about codeine or</p> <p>4 Tylenol-3. Those might. And it seems, I</p> <p>5 recall, Darvocet might be. I'm not positive.</p> <p>6 Q. Now, if you're having a conversation</p> <p>7 with somebody at Akron Fire Department about</p> <p>8 opioids and you use the term "opioid," would you</p> <p>9 also be referring to illegal drugs such as</p> <p>10 heroin?</p> <p>11 MS. FLOWERS: Object to the form.</p> <p>12 A. I think that's -- that's a true</p> <p>13 statement, that we consider it to be all under</p> <p>14 the same umbrella.</p> <p>15 Q. Does fentanyl fall under this</p> <p>16 umbrella as well?</p> <p>17 A. That is my belief.</p> <p>18 Q. And carfentanil, same question?</p> <p>19 A. That is my belief, yes.</p> <p>20 Q. What about methamphetamine; is that</p> <p>21 an opioid to you?</p> <p>22 A. I do not believe that to be the</p> <p>23 case.</p> <p>24 Q. Cocaine, is that an opioid?</p> <p>25 A. I do not believe so.</p>
<p style="text-align: right;">Page 79</p> <p>1 A. My understanding, anything that's</p> <p>2 derived from the poppy plant or a synthetic</p> <p>3 version thereof falls into that category.</p> <p>4 Q. When you and others at Akron Fire</p> <p>5 talk about opioids, what drugs does that</p> <p>6 include?</p> <p>7 MS. FLOWERS: Objection. Lack of</p> <p>8 foundation.</p> <p>9 A. I'm not -- I'm not sure what you're</p> <p>10 asking me for. Could you help me understand</p> <p>11 what you're asking me?</p> <p>12 Q. Sure.</p> <p>13 So if you are having a conversation</p> <p>14 with somebody, another firefighter or somebody</p> <p>15 else at the Akron Fire Department, and you</p> <p>16 referenced opioids, would that include</p> <p>17 prescription opioids?</p> <p>18 A. Sure.</p> <p>19 Q. Is Vicodin an example of that?</p> <p>20 A. I believe it to be.</p> <p>21 Q. Is Percocet an example of that?</p> <p>22 A. I think so.</p> <p>23 Q. Is OxyContin an example of that?</p> <p>24 A. It is my understanding.</p> <p>25 Q. Any other prescription opioids that</p>	<p style="text-align: right;">Page 81</p> <p>1 Q. What do you understand the</p> <p>2 difference between a prescription opioid and a</p> <p>3 non-prescription opioid to be?</p> <p>4 A. That at some point it becomes a</p> <p>5 manner of semantics about what a prescription</p> <p>6 is. I think I'd -- I'd need you to help me</p> <p>7 understand what you're asking a little better,</p> <p>8 please.</p> <p>9 Q. I think that's all right. I think</p> <p>10 we can move on from that.</p> <p>11 Do you have any -- well, I guess --</p> <p>12 so we mentioned that Vicodin, Percocet and</p> <p>13 OxyContin were prescription opioids. Why do you</p> <p>14 understand those to be prescription opioids?</p> <p>15 MS. FLOWERS: Object to the form.</p> <p>16 A. I believe them to be prescription</p> <p>17 because they are, to my knowledge, produced,</p> <p>18 manufactured, and then made available to the</p> <p>19 healthcare industry to prescribe to patients.</p> <p>20 Q. Are there any particular</p> <p>21 prescription opioids that you're familiar with</p> <p>22 from work?</p> <p>23 A. I think the -- the names that we</p> <p>24 have mentioned already in the last couple</p> <p>25 questions would -- unless there's one that is</p>

<p style="text-align: right;">Page 82</p> <p>1 just slipping my memory -- would pretty much 2 describe the group that I would consider in that 3 lot. 4 Q. And why are you familiar with them 5 from your work? 6 MS. FLOWERS: Object to the form. 7 A. Well, getting back to my work 8 history, from 1992 until 2009 I was assigned to 9 an operational role that would have had me 10 responding to literally hundreds and, 11 eventually, thousands, I would believe, of calls 12 where I'm in people's homes, and on medical 13 calls as well as fire calls, and just my 14 experience on those calls and knowing what kind 15 of medications people take. 16 Q. Did you ever dispense opioids on any 17 of those calls? 18 A. I have administered morphine at 19 least on one occasion, and I think that falls 20 into that category. 21 Q. So you would agree that opioids have 22 medical appropriate uses? 23 MS. FLOWERS: Objection. Form. 24 Lack of foundation. 25 A. I think painkillers have a</p>	<p style="text-align: right;">Page 84</p> <p>1 and EMTs are allowed to administer that. EMTs 2 are also allowed to, in the state of Ohio, 3 administer Narcan. So those two particular 4 EMT-Bs -- I'm answering this in the context of 5 the EMT basic, because it is accurate to call a 6 paramedic an EMT as well, but I believe you were 7 asking me as an EMT basic. They are trained to 8 administer oxygen and Narcan. 9 Q. Are they trained on when to 10 administer opioids? 11 A. No, sir. 12 Q. What about EMT-Ps; are they trained 13 on when it's appropriate to administer opioids? 14 A. They're trained -- our medics are 15 trained when it's appropriate to administer all 16 of the medications that are in our protocol 17 regardless of what type they are. 18 Q. And am I correct that the EMS 19 ambulances in the Akron Fire Department carry 20 opioids? 21 A. I believe we carry at least one, 22 yes. 23 Q. Do any other vehicles in the Akron 24 fire division other than the ambulances carry 25 opioids?</p>
<p style="text-align: right;">Page 83</p> <p>1 legitimate medical use. 2 Q. Have you personally received any 3 training specific to drugs in general, so 4 backing up from opioids? 5 A. Yes. Pharmacology is an important 6 part in every paramedic's education, and then 7 ongoing practice. 8 Q. And how is pharmacology an important 9 part to training? 10 A. One of the larger distinctions in 11 between an EMT basic and an EMT paramedic is the 12 ability to dispense medication, and so it's 13 important that the medics understand the 14 medications that are available to them for, not 15 distribution, but administration in the field 16 when it's deemed medically appropriate through a 17 medical control, as well as having a baseline 18 understanding of the medications that our 19 patients take and how those might interact with 20 the body. 21 Q. Are EMTs trained on when it's 22 appropriate to administer drugs? 23 A. To my knowledge, right now the 24 only -- if -- or one of the few drugs -- well, 25 again, semantics. Oxygen is considered a drug</p>	<p style="text-align: right;">Page 85</p> <p>1 A. No, sir. 2 Q. I think you mentioned that you 3 administered morphine on one occasion? 4 A. Yes, sir. 5 Q. Did I get that right? 6 Can you describe that occasion? 7 A. We had a patient that was suffering 8 from pulmonary edema secondary to congestive 9 heart failure, and -- it's been many years, but 10 my recollection is that morphine has the ability 11 to reduce the preload to the lungs and it has 12 the effect of cutting down the amount of fluids 13 that are pouring into the lungs for somebody 14 that has CHF. 15 Q. Do you know how many opioid 16 prescriptions were written in Akron in 2017? 17 A. No, sir. 18 Q. What about for any other year? 19 MS. FLOWERS: Objection. 20 A. No, sir. 21 Q. Do you know how many prescription 22 opioids were consumed in Akron in 2017? 23 A. No, sir. 24 Q. Do you know for any other year how 25 many prescription opioids were consumed in</p>

<p style="text-align: right;">Page 86</p> <p>1 Akron?</p> <p>2 A. No, sir.</p> <p>3 Q. Do you know how many prescription</p> <p>4 opioids were dispensed by Akron Fire Department</p> <p>5 in 2017?</p> <p>6 A. No, sir.</p> <p>7 Q. Does the Akron Fire Department track</p> <p>8 that information?</p> <p>9 A. Our -- Akron Fire's software that we</p> <p>10 use for medical reports tracks the</p> <p>11 administration of every medication of every</p> <p>12 type. So that is a field that is searchable,</p> <p>13 but we do not specifically have a separate</p> <p>14 tracking mechanism for any one particular type</p> <p>15 of medication over another.</p> <p>16 Q. Are you referring to the ESO</p> <p>17 database?</p> <p>18 A. That is correct.</p> <p>19 Q. And would the AFIRS database also</p> <p>20 have recorded that information?</p> <p>21 A. At one point our patient care</p> <p>22 reports, which we also call our med report, they</p> <p>23 used to be handwritten and then the medics would</p> <p>24 come back and type in the information into the</p> <p>25 AFIRS database. So there is a time frame when</p>	<p style="text-align: right;">Page 88</p> <p>1 So to help you understand, as you</p> <p>2 put it, every med call will have a fire report,</p> <p>3 so to speak, and an EMS report, and every fire</p> <p>4 call will have a fire report but no EMS report.</p> <p>5 Q. Is it ever the case where there's</p> <p>6 only a fire -- sorry. Let me -- say a fire</p> <p>7 truck responds to a medical issue, but no EMS</p> <p>8 personnel respond. Is there then only a fire</p> <p>9 report filled out?</p> <p>10 MS. FLOWERS: Object to the form.</p> <p>11 A. I cannot think of a scenario where a</p> <p>12 fire apparatus would respond to a med call and a</p> <p>13 medical apparatus would not respond.</p> <p>14 Q. That helps. Thank you.</p> <p>15 Have you personally ever used an</p> <p>16 opioid?</p> <p>17 A. I have had a prescription for</p> <p>18 Vicodin at some point in the past.</p> <p>19 Q. Do you remember what the</p> <p>20 circumstances were that led to you receiving the</p> <p>21 prescription?</p> <p>22 A. If I'm remembering correctly, I had</p> <p>23 a hernia operation.</p> <p>24 Q. Did you think at the time that you</p> <p>25 shouldn't have taken them?</p>
<p style="text-align: right;">Page 87</p> <p>1 there would be information in the AFIRS database</p> <p>2 about what medications were administered to our</p> <p>3 patients.</p> <p>4 Q. Those handwritten reports you</p> <p>5 described, are those also known as run reports?</p> <p>6 A. That is correct.</p> <p>7 Q. Now, do both EMS personnel fill out</p> <p>8 run reports as well as firemen that are</p> <p>9 responding to a call on a fire truck?</p> <p>10 A. Could you ask it one more time?</p> <p>11 Q. Yes. Maybe you can help me kind of</p> <p>12 understand this here when I'm referring to</p> <p>13 stuff. I understand that -- who fills out a run</p> <p>14 report?</p> <p>15 A. So on every EMS call in the City of</p> <p>16 Akron, one of the two assigned paramedics are</p> <p>17 required to do a patient care report, also known</p> <p>18 as a run report. Our current practice is that's</p> <p>19 done with a tablet utilizing the ESO software</p> <p>20 program.</p> <p>21 Any fire truck that responds to any</p> <p>22 call in the city of Akron, whether it be fire,</p> <p>23 EMS, would fill out a fire report that will</p> <p>24 include all of the information about all of the</p> <p>25 apparatus that responds.</p>	<p style="text-align: right;">Page 89</p> <p>1 MS. FLOWERS: Object to the form.</p> <p>2 A. At the time, no.</p> <p>3 Q. Do you think now that you shouldn't</p> <p>4 have taken the Vicodin?</p> <p>5 MS. FLOWERS: Object to the form.</p> <p>6 A. To be honest, my personal medical</p> <p>7 opinions about my -- about me and those close to</p> <p>8 me is that I avoid the stronger opioid</p> <p>9 painkillers whenever possible and would switch</p> <p>10 to an NSAID, for example. I took a tumble off a</p> <p>11 ladder a couple of years back and injured my</p> <p>12 ribs. I had a bike accident recently and</p> <p>13 injured my ribs. And both times, I think it</p> <p>14 was, Vicodin were made available to me, and I</p> <p>15 said no, just give me some strong Ibuprofen.</p> <p>16 Q. Why do you have that practice?</p> <p>17 A. Well, to be honest, I've seen enough</p> <p>18 circumstances and know of enough anecdotal</p> <p>19 evidence about individuals that are prescribed</p> <p>20 opioid painkillers and end up having a problem</p> <p>21 with it. So I choose to just avoid that</p> <p>22 altogether.</p> <p>23 Q. Where have you heard this anecdotal</p> <p>24 evidence?</p> <p>25 MS. FLOWERS: Object to the form.</p>

<p style="text-align: right;">Page 90</p> <p>1 A. I know people personally that have 2 struggled with addiction secondary to 3 prescription painkillers. 4 Q. Were these family members? 5 A. Yeah. I think my -- I'm not 6 positive because it was a while ago, but my mom 7 struggled with painkillers, and I think she had 8 a problem with them. And then I -- but outside 9 of her, I don't have any specific family members 10 that have struggled with it. 11 Q. Why do you say that you think she 12 had a problem with painkillers? 13 MS. FLOWERS: Object to the form. 14 A. My recollection is that she had a 15 history of headaches and then she would switch 16 doctors at times when they didn't prescribe what 17 she wanted, so, in retrospect, I've come to 18 believe that she was making some poor choices at 19 the time. 20 Q. When did -- that's all right. I 21 think we can move on. 22 A. Can I expand on that? 23 Q. Yes. Sure. 24 A. You know, that's a touchy subject 25 and, you know, I'm in a room with strangers</p>	<p style="text-align: right;">Page 92</p> <p>1 example. Is there other anecdotal evidence you 2 have of that? 3 A. Yes. I have three friends, 4 family -- not family members. I apologize. I 5 have three acquaintances or friends, if you 6 will, that each have an adult son that struggled 7 with the issue. Two have died and one is still 8 in recovery currently. And all three started 9 with a sports injury type event that then led to 10 an addiction of some sort. 11 Q. When did you have these 12 conversations with these people to find this 13 information out? 14 MS. FLOWERS: Object to the form. 15 A. Oh, let's see. One individual was 16 the neighbor of my cousin, who I've known, and I 17 learned through my father that their son had 18 died of an overdose. And then I bumped into 19 them at some point after that and had 20 conversations with them, both the husband and 21 the wife. They run at the same place I run, so 22 we ran into each other literally out on the 23 trail. 24 And then the other one is a family 25 called the Bornsteins. My best buddy growing</p>
<p style="text-align: right;">Page 91</p> <p>1 here, but, you know, to say -- I want to walk 2 that back. To say that she was making a poor 3 choice was unfair. I've come to understand more 4 about how it all works now. So I'll just leave 5 it at that. 6 Q. When you say you've come to 7 understand more about how it all works, can you 8 explain what you mean by that? 9 A. Well, if I recall, one of the 10 earlier questions was, you know, what training 11 have I had in addiction, and I think as time has 12 gone on, both the medical industry as a whole 13 and first responders, and specifically in recent 14 years, we've learned a lot more about how the 15 brain operates under addiction and how it has 16 the ability to actually impact people's ability 17 to choose or not choose. So it gets -- you get 18 rewired, so to speak, is my understanding. So I 19 think at times we struggle with this idea that 20 there's choices here and that's why I backed off 21 that statement. 22 Q. So you mentioned that anecdotal 23 evidence about individuals that are prescribed 24 opioid pain killers and end up having a problem 25 with that and you listed your mother as an</p>	<p style="text-align: right;">Page 93</p> <p>1 up, his sister married a guy named Travis 2 Bornstein. Their son was a big sports guy and 3 ended up having a weightlifting injury and then 4 fell into addiction and struggled with it for 5 multiple years and ended up dying in an 6 overdose. And that family has started a 7 foundation called Hope United, and they've 8 recently opened -- did a groundbreaking for a 9 recovery center in his -- in Tyler's name, Tyler 10 Bornstein's name. So I've known them for many, 11 many years and they're very active in the 12 community about this particular subject. 13 And then another is my one former 14 boss that I mentioned, Dale Evans, his long-term 15 partner, Barb; her adult son has been struggling 16 with addiction for multiple years now. 17 Q. The people that you mentioned that 18 you said they suffered some sort of sport or 19 weightlifting injury and received opioids and 20 became addicted, were you involved in any way in 21 diagnosing any of those injuries? 22 A. Absolutely not. 23 Q. Did you ever follow up to confirm 24 that that's actually what happened? 25 MS. FLOWERS: Objection.</p>

<p style="text-align: right;">Page 94</p> <p>1 A. I've done no specific research, 2 other than what they told me. 3 Q. Keeping in mind that I'm asking 4 broadly about all types of opioids, not just 5 prescription ones, do you believe that there's 6 an opioid problem in Akron? 7 A. Yes. 8 Q. Would you call it a crisis? 9 A. Yes. 10 Q. Why would you call it a crisis? 11 A. I think any time that you have a 12 discernible pattern that is traceable and 13 identifiable and continues over an extended 14 period of time, it could qualify as a crisis. 15 Q. When did this crisis start? 16 A. You know, looking back, I -- I think 17 it would be -- I think from the perspective of 18 the fire department, we look at sometime in that 19 '12 to '14 range, 2012 to 2014, when I think we 20 recognize -- probably retrospectively we 21 recognize an increase in the number of calls 22 related to opioids that we were responding to. 23 I think that we can identify that, by 2014, not 24 just the fire department but other agencies were 25 starting to ramp up their concern and start to</p>	<p style="text-align: right;">Page 96</p> <p>1 THE VIDEOGRAPHER: May I change the 2 video? Thank you. Off the record, 11:20. 3 (Short recess had.) 4 THE VIDEOGRAPHER: Back on the 5 record, 11:21. 6 BY MR. CAREY: 7 Q. Chief Twigg, was there ever a time 8 when opioid use was not a problem in Akron? 9 MS. FLOWERS: Object to the form. 10 A. I don't feel qualified to answer 11 that question. 12 Q. When was the first time you can 13 remember somebody overdosing on an opioid in 14 Akron? 15 A. I distinctly recall a specific med 16 run which would have been in the mid '90s, I 17 suspect. 18 Q. Do you remember what opioid that was 19 that that person overdosed on? 20 A. As is quite often the case, the 21 first responders end up having no knowledge of 22 what specific medication caused the event. We 23 recognize the signs of potential overdose or 24 negative effects of an opioid and we respond 25 accordingly. So in that particular event we had</p>
<p style="text-align: right;">Page 95</p> <p>1 formulate plans of action to help combat the 2 crisis, and then I think it became even more 3 alarming and a larger crisis in the middle of 4 '16. So that's the best answer I can give. 5 It's hard to identify a start point to something 6 like that. 7 Q. We used kind of two words earlier, 8 opioid problem, and then I asked if you would 9 agree it would be an opioid crisis. Do you 10 think there was an opioid problem in Akron 11 before it reached crisis level? 12 A. I don't mean to sound flip, but 13 that's kind of a distinction that the family 14 members of those individuals going through those 15 problems really I don't think draw, they don't 16 draw that distinction, and as a professional in 17 the first response industry, I try not to draw 18 those kind of distinctions either. So I teach 19 our folks that the person that picks up the 20 phone and calls 911 gets to define their 21 emergency, we don't. So what our version of 22 crisis versus problem is compared to what their 23 version of a crisis or a problem might be two 24 totally different things, so we treat all of it 25 the same.</p>	<p style="text-align: right;">Page 97</p> <p>1 an unresponsive person. We administered Narcan, 2 unfortunately, after we had intubated her. We 3 administered Narcan, she woke up, pulled the 4 tube out and we never knew what she ended up 5 taking. You know, the indication that the 6 Narcan reversed it immediately was a confirming 7 idea that there was some sort of opioid on 8 board. 9 Q. What are the major non-prescription 10 opioids causing problems in Akron right now? 11 A. That's a hard question to answer, 12 mainly because I guess that would speak to what 13 you mean when you say "non-prescription." So 14 what if somebody took somebody else's 15 prescription? Does that fall under the same 16 category? I guess I'm not allowed to ask 17 questions. Could you explain -- can you 18 elaborate your question a little bit, please? 19 Q. Absolutely. 20 Let's stick with -- limiting -- for 21 now we'll call it non-prescription opioids, 22 heroin, fentanyl and carfentanil. We'll go with 23 those three. 24 A. Okay. 25 Q. Are one or all of those three</p>

<p style="text-align: right;">Page 98</p> <p>1 non-prescription opioids causing problems in 2 Akron right now? 3 MS. FLOWERS: Object to the form. 4 A. It is very clear that we -- we, the 5 City of Akron, are experiencing problems with 6 people that have overdosed on some combination 7 of those three drugs that you mentioned. 8 Q. What about prescription opioids, and 9 to kind of head off your question here, we'll 10 include whether it was a -- the person obtained 11 the drugs through a valid prescription or not. 12 Does Akron have a problem today with 13 prescription opioid abuse? 14 MS. FLOWERS: Object to the form. 15 A. I believe that we do, in fact, have 16 a problem with prescription opioid abuse. 17 Q. Why do you say that? 18 A. Well, I can personally say that I've 19 attended calls where somebody has overdosed on 20 pills before, so I can speak to that directly; 21 and then just through my general knowledge of 22 this crisis, that it's clear that at some point 23 in recent history some of our citizens were 24 taking more prescribed medications than would 25 have been beneficial.</p>	<p style="text-align: right;">Page 100</p> <p>1 there other -- I'll strike that and phrase it 2 this way: Are there other illegal drugs besides 3 illegal opioids that are causing problems in 4 Akron? 5 A. Yes. 6 Q. Can you list those for me? 7 A. Can you elaborate on what you mean 8 by problems? 9 Q. Sure. 10 Does Akron fire division have to 11 respond to methamphetamine overdoses? 12 A. We do. 13 Q. Cocaine overdoses? 14 A. We do. 15 Q. What about overdoses on drugs such 16 as Ritalin and Adderall; does Akron Fire have to 17 respond to overdoses on those? 18 A. We do. 19 Q. Does Akron Fire respond to alcohol 20 overdoses? 21 A. Regularly. 22 Q. Does Akron Fire respond to overdoses 23 on benzodiazepine, such as Valium and Xanax? 24 A. Certainly. 25 Q. What about overdoses on things kind</p>
<p style="text-align: right;">Page 99</p> <p>1 Q. I think we were talking earlier -- 2 just a moment ago when you were talking about 3 the first overdose run you went on or the first 4 time you remembered an overdose in Akron. I 5 think you said something along the lines as is 6 often the case, you don't know as an EMT or a 7 paramedic what causes the overdose. What -- and 8 you just now said that you've responded to runs 9 where people have overdosed on prescription 10 drugs. Can you explain to me the difference 11 there? When do you know and when do you not 12 know? 13 MS. FLOWERS: Objection to the form. 14 A. I believe there's three distinct 15 possibilities. You would have physical evidence 16 that would indicate an individual has overdosed 17 on some form of pill. There's the potential 18 that you would see some sort of paraphernalia 19 that would lead you to believe that they've 20 overdosed on some illegal version of an opiate. 21 Or there's the middle version, where you see no 22 indication in either direction, you just see the 23 results. 24 Q. Besides the non-prescription and 25 prescription opioids we've been discussing, are</p>	<p style="text-align: right;">Page 101</p> <p>1 of -- we'll put these in an other category. 2 What about bath salts; have you ever had to 3 respond to an overdose on that? 4 A. I personally have not, but I'm aware 5 that we have, in fact, responded to bath salts 6 and similar other drugs. 7 Q. Are there synthetic marijuana 8 overdoses that Akron Fire has to respond to? 9 A. I know of at least one particular 10 call where someone reportedly had used synthetic 11 marijuana and was having very negative effects, 12 so at least once I know of for sure. 13 Q. Now, I think you mentioned earlier 14 that there's an opioid crisis in Akron. Would 15 you characterize the use of any of these other 16 drugs that we just talked about as at crisis 17 levels? 18 A. No. 19 - - - - - 20 (Thereupon, Twigg Deposition Exhibit 21 3, E-Mail from David O'Neal to 22 Charles Twigg dated March 4, 2018, 23 Bates Numbered AKRON_000246625, was 24 marked for purposes of 25 identification.)</p>

<p style="text-align: right;">Page 102</p> <p>1 - - - - -</p> <p>2 Q. Chief Twigg, the court reporter is</p> <p>3 handing you Defendants' Exhibit 3. If you just</p> <p>4 want to take a second and read through it.</p> <p>5 Sorry. For the record, Akron {sic} Exhibit 3 is</p> <p>6 just Akron_000246625. If you would just let me</p> <p>7 know after you've had a second to review it.</p> <p>8 A. I've read it.</p> <p>9 Q. Do you recognize this document?</p> <p>10 A. I do.</p> <p>11 Q. And who is David O'Neal?</p> <p>12 A. David O'Neal is one of our district</p> <p>13 chiefs.</p> <p>14 Q. Do you remember Mr. O'Neal sending</p> <p>15 this to you?</p> <p>16 A. I do.</p> <p>17 Q. In the e-mail he refers to a rise of</p> <p>18 meth in Cincinnati. Have you seen something</p> <p>19 similar in Akron?</p> <p>20 A. We have.</p> <p>21 Q. Is that the number of meth overdoses</p> <p>22 calls that Akron Fire has to respond to? Is</p> <p>23 that what you mean when you say you've seen a</p> <p>24 rise?</p> <p>25 MS. FLOWERS: Object to the form.</p>	<p style="text-align: right;">Page 104</p> <p>1 in law enforcement that there may be a trend</p> <p>2 moving from heroin to meth, as this e-mail</p> <p>3 describes.</p> <p>4 Q. What did you understand Mr. O'Neal</p> <p>5 to mean when he said, "We need to drop the</p> <p>6 'opioid' title"?</p> <p>7 A. I believe what he was suggesting is</p> <p>8 that we may run the risk of not giving enough</p> <p>9 importance to the meth situation by focusing</p> <p>10 solely or focusing so strongly on the opioid</p> <p>11 issue. So I think he is advocating for more of</p> <p>12 a generic description of just overdoses and not</p> <p>13 specifying which types.</p> <p>14 Q. Do you agree with that?</p> <p>15 A. I didn't agree or disagree, but I</p> <p>16 saw his point and we have shared that thinking</p> <p>17 amongst the EMS team, although it did not lead</p> <p>18 to any specific changes in anything we're doing</p> <p>19 currently.</p> <p>20 Q. Did you ever respond to this e-mail?</p> <p>21 A. I can't remember, to be honest.</p> <p>22 Q. Did you ever talk with Mr. O'Neal</p> <p>23 about the e-mail outside of an actual e-mail</p> <p>24 response?</p> <p>25 A. Again, I can't remember a specific</p>
<p style="text-align: right;">Page 103</p> <p>1 A. When I describe it as I've seen a</p> <p>2 rise, I would -- I would describe that as in our</p> <p>3 conversations -- when I say "our," I mean public</p> <p>4 safety in general -- about the trends of what</p> <p>5 are going on out in the streets, it was</p> <p>6 anecdotally pointed out to me by the police</p> <p>7 department that there seems to have been an</p> <p>8 increase in meth use in the city, and I have,</p> <p>9 through our EMS team -- again, anecdotally, no</p> <p>10 specific statistics to speak of -- have heard --</p> <p>11 you know, how we say I heard that meth use has</p> <p>12 increased.</p> <p>13 Q. Have you noticed a rise in the</p> <p>14 number of meth overdoses AFD has had to respond</p> <p>15 to?</p> <p>16 MS. FLOWERS: Objection. Asked and</p> <p>17 answered.</p> <p>18 A. I do not have specific -- specific</p> <p>19 statistics about the number of meth overdoses we</p> <p>20 are responding to.</p> <p>21 Q. Is it also your understanding that</p> <p>22 heroin users in Akron are turning to meth?</p> <p>23 MS. FLOWERS: Objection. Lack of</p> <p>24 foundation.</p> <p>25 A. I have heard suggestion from those</p>	<p style="text-align: right;">Page 105</p> <p>1 conversation about it.</p> <p>2 Q. And you mentioned -- I think you</p> <p>3 said you shared his thinking amongst the EMS</p> <p>4 team, although it didn't lead to any specific</p> <p>5 changes. What exactly did you share with the</p> <p>6 EMS team?</p> <p>7 MS. FLOWERS: Object to the form.</p> <p>8 A. To the best I recall, at one point</p> <p>9 or another I said to someone, and I would</p> <p>10 suspect it would have been Joe or Chris, Joe</p> <p>11 Natko or Captain Chris Karakis, who work in the</p> <p>12 EMS section with me, that -- something to the</p> <p>13 lines of, you know, Dave made a point that meth</p> <p>14 is on the increase, is there something we should</p> <p>15 be doing differently here. That type of</p> <p>16 conversation is what I recall.</p> <p>17 Q. Okay. You can set that aside.</p> <p>18 - - - - -</p> <p>19 (Thereupon, Twigg Deposition Exhibit</p> <p>20 4, E-Mail String with Attachment,</p> <p>21 Beginning Bates Number</p> <p>22 AKRON_000241788, was marked for</p> <p>23 purposes of identification.)</p> <p>24 - - - - -</p> <p>25 Q. Mr. Twigg, I'm handing to the court</p>

<p style="text-align: right;">Page 106</p> <p>1 reporter Defendants' Exhibit 4, a document Bates 2 stamped Akron_000241788. If you want to go 3 ahead and take a second to familiarize yourself 4 with this e-mail and the attachment. And let me 5 just explain real quick. So this is a -- you'll 6 notice a blue slip sheet after the original 7 e-mail. That's just to designate that the 8 second document was an attachment to the 9 original e-mail.</p> <p>10 Chief Twigg, do you recognize this 11 e-mail and the attachment?</p> <p>12 A. I recognize it as being an e-mail to 13 me back in 2011, yes.</p> <p>14 Q. Refresh my recollection. What 15 position did you hold in 2011, when you received 16 this?</p> <p>17 A. I believe I still would have been 18 the EMS bureau manager at that time. It's right 19 about that time when I transitioned from EMS to 20 accounting and services, so it was either right 21 before I left EMS or right after, one of the 22 two.</p> <p>23 Q. And who is Jarred Alden?</p> <p>24 A. Alden.</p> <p>25 Q. Alden. Sorry.</p>	<p style="text-align: right;">Page 108</p> <p>1 the upcoming training is "Meth Lab 2 Enforcement/Heroin Resurgence and Gangs." And 3 then it goes on to note that "This popular 4 course has been requested by many agencies due 5 to the increase in methamphetamine and heroin 6 arrests, hazards, and deaths occurring in Ohio."</p> <p>7 Is it consistent with your 8 recollection that in 2011 there was an increase 9 in methamphetamine and heroin arrests and deaths 10 occurring from those substances in Ohio?</p> <p>11 MS. FLOWERS: Object to the form. 12 Lack of foundation.</p> <p>13 A. I don't have a specific recollection 14 about -- could you say it again? I want to make 15 sure I'm answering you correctly.</p> <p>16 Q. Well, this document seems to say 17 that there was a resurgence in methamphetamine 18 and heroin arrests and also deaths occurring 19 from methamphetamine and heroin in Ohio during 20 this time period, and this is -- May 5th, 2011 21 is the date of the training. So is it 22 consistent with your recollection that there was 23 a resurgence in methamphetamine and heroin, I 24 guess, those drugs' presence we can call it, in 25 Ohio during that time period?</p>
<p style="text-align: right;">Page 107</p> <p>1 A. That's all right. Jarred Alden is 2 one of our -- he is now a lieutenant. I'm not 3 sure what his rank was back then. But he's one 4 of our SWAT medics we call them, or tactical 5 medics, and they had a lot of interaction or 6 have a lot of interaction with the police 7 department.</p> <p>8 Q. Would you agree that he's interested 9 in attending this training that's referenced in 10 the e-mail?</p> <p>11 A. That's not exactly what's going on 12 there. He is asking that this class be approved 13 for continuing education for any medic that 14 would want to participate.</p> <p>15 Q. Do you know if it was approved for 16 continuing education?</p> <p>17 A. I do not recall.</p> <p>18 Q. Do you know why he was asking if it 19 could be approved for continuing education?</p> <p>20 MS. FLOWERS: Object to the form.</p> <p>21 A. I do not know why he specifically 22 thought it was a good class.</p> <p>23 Q. If you would just turn to the first 24 page of the flyer there, the attachment. The 25 top is "Gang Task Force." It says the title of</p>	<p style="text-align: right;">Page 109</p> <p>1 A. To be most honest, I do not recall 2 having a personal opinion or a professional 3 opinion, for that matter, at that time about 4 whether or not there was a resurgence at that 5 time. This is a police-oriented document. So 6 in my role as the EMS manager at that time, I 7 probably wasn't aware internally of that. So to 8 try and answer your question as directly as I 9 can, I don't necessarily have a recollection to 10 say whether it matches or not.</p> <p>11 Q. Do you know if Mr. Alden ended up 12 attending this training?</p> <p>13 A. I do not.</p> <p>14 Q. And if it's police orientated, why 15 was Mr. Alden asking if he could attend -- or, 16 I'm sorry, if it could be approved for 17 continuing education?</p> <p>18 A. Without -- it may be a slight 19 supposition on my part, but like I suggested, 20 Alden had interactions with a SWAT team and he 21 may have felt that this particular class would 22 be beneficial for some medics to attend due to 23 the fact that it was advertising an increase. I 24 suspect that he thought that we might be seeing 25 more of this in the future as the problem</p>

<p style="text-align: right;">Page 110</p> <p>1 continued to grow. He might have been a little 2 bit more aware of a trend than I was at that 3 time. 4 - - - - - 5 (Thereupon, Twigg Deposition Exhibit 6 5, E-Mail from EMS General 7 Announcements to EMS-General-A, 8 dated July 2, 2012, with Attachment, 9 Beginning Bates Number 10 AKRON_000241989, was marked for 11 purposes of identification.) 12 - - - - - 13 Q. Chief, this will be Defendants' 14 Exhibit 5 and it's Bates stamped 15 Akron_000241989. If you want to go ahead and 16 take a moment and review this e-mail and the 17 attachment. The attachment is pretty long, so 18 I'll ask you specific questions and point you to 19 specific parts of it. It's not like you have to 20 read the whole thing. 21 Do you recognize this document? 22 A. I recognize an e-mail from Timothy 23 Erskine. 24 Q. And the e-mail is to, it looks like, 25 EMS-general-A@elist.dps.state.us. Is that a</p>	<p style="text-align: right;">Page 112</p> <p>1 information to OSAM on drug use trends in Akron 2 or Summit? 3 A. I have no personal knowledge of 4 anyone specifically giving them this 5 information. 6 Q. Do you remember ever receiving other 7 drug reports, such as the one attached here, 8 from the Ohio Substance Abuse Monitoring 9 Network? 10 A. I cannot remember a specific item 11 that I received from OSAM. I know I've received 12 other stuff from Timothy Erskine. 13 Q. Who is Timothy Erskine? 14 A. To the best of my knowledge, he is 15 an employee at the Department of Public Safety 16 in the State of Ohio that has EMS 17 responsibilities of some sort. 18 Q. So this report -- and, again, I'm 19 looking at the first page of the attachment. It 20 says it's for the June 2011 to January 2012 time 21 period. Do you see that? 22 A. Yes, sir. 23 Q. And I'm actually going to turn to 24 page 4 of the report. And on the left-hand side 25 there, there's a heading that says,</p>
<p style="text-align: right;">Page 111</p> <p>1 listserv that you're a member of? 2 A. I believe it is, although I cannot 3 confirm that I was a member of that list at this 4 particular time. 5 Q. Okay. And I'm not trying to hide 6 the ball here. I just -- I'll represent to you 7 that this was -- this document was in your -- 8 was in your custodial file. 9 A. Okay. 10 Q. And it was something that, according 11 to the metadata, you received it. Do you have 12 any reason to doubt that you would have received 13 it? 14 A. No. If that's your indication, I'll 15 take you at your word. 16 Q. Turning to the first page of the 17 attachment, do you know who the Ohio Substance 18 Abuse Monitoring Network is? 19 A. Not particularly. 20 Q. Have you ever provided -- I'm going 21 to use the acronym here -- OSAM with any 22 information on drug use trends in Akron or 23 Summit? 24 A. I personally have not. 25 Q. Do you know anyone who has given</p>	<p style="text-align: right;">Page 113</p> <p>1 "Prescription Opioids." 2 Do you see that? 3 A. Yes, sir. 4 Q. I'm just going to read that real 5 quick here. It says, "Prescription opioids 6 remain highly available in all regions; however, 7 general decreases in availability during the 8 past six months exist for Akron, Canton, 9 Columbus and Dayton. While still highly 10 available in these three regions, decreases in 11 availability of prescription opioids were 12 attributed to the high cost of these drugs, the 13 closings of physicians' offices that would 14 liberally prescribe these drugs, increased 15 regulation at pharmacies, and the rise in 16 popularity of heroin." 17 Is it consistent with your 18 recollection that there was a decrease in the 19 availability of prescription opioids during this 20 time period? 21 MS. FLOWERS: Object to the form. 22 Lack of foundation. 23 A. I would have had no knowledge of 24 what you're describing during that time frame. 25 Q. Do you have any knowledge of the</p>

<p style="text-align: right;">Page 114</p> <p>1 physicians' offices that were closed that are 2 referenced here? 3 A. No, sir. 4 Q. You can go ahead and turn back a 5 couple pages back to the first page. Do you see 6 on the right-hand side there, about the middle 7 of the page, the heading "Akron/Canton Region"? 8 A. Yes, sir. 9 Q. In the first bullet point there, it 10 says that there's increased availability of 11 heroin, powdered cocaine, sedative hypnotics and 12 saboxone. Do you see that? 13 A. I do. 14 Q. Is that consistent with your 15 recollection that there was an increased 16 availability of heroin during this time period? 17 MS. FLOWERS: Objection. Lack of 18 foundation. 19 A. I had no specific knowledge during 20 that time frame of the increase or any 21 availability of any of that. 22 Q. If you look over on the left-hand 23 side, you see the heading "Dayton Region"? 24 A. Yes, sir. 25 Q. You see three bullet points down it</p>	<p style="text-align: right;">Page 116</p> <p>1 purposes of identification.) 2 - - - - - 3 Q. You can take a second and 4 familiarize yourself with this document if you 5 want, and I'll let you know I'm only going to 6 ask questions about the attachment to it. 7 Sorry. Let me clarify. I will ask 8 if you received it, but other than that, I won't 9 be asking any questions about the e-mail. 10 Just for the record, this is 11 Akron_000243690. It was entered as Defendants' 12 Exhibit 6. 13 Chief Twigg, any reason to doubt 14 that you received this e-mail? 15 A. No, sir. I recall this. 16 Q. You do recall this, okay. Do you 17 recall the attachment that's attached here 18 entitled "Media Advisory"? 19 A. I don't have specific recollection 20 of it, but -- I don't have specific recollection 21 of it. 22 Q. And this media advisory concerns the 23 stocking of Akron Police Department vehicles 24 with Narcan? 25 A. Yes.</p>
<p style="text-align: right;">Page 115</p> <p>1 says that the universal agreement that -- that 2 there is universal agreement that heroin is 3 available, it is, quote, falling out of the sky. 4 Did you know that other parts of the state were 5 experiencing increases in the prevalence of 6 heroin in 2011? 7 A. I had no knowledge about -- about 8 that, no. 9 Q. Were you worried in 2011 that Akron 10 would see a rise in heroin usage? 11 A. In 2011 I'm -- I don't recall having 12 a specific conversation or concern or anything 13 that I can point to particularly in 2011 that I 14 was concerned about this issue. That fell into 15 that category of me transitioning into my other 16 role at accounting and services. So I'm not 17 even sure that I opened this e-mail at the time 18 based on the date. So I can't speak to that in 19 general. 20 - - - - - 21 (Thereupon, Twigg Deposition Exhibit 22 6, E-Mail from Christine Curry to 23 thalerg@cbsnews.com, dated August 24 22, 2016, Beginning Bates Number 25 AKRON_000243690, was marked for</p>	<p style="text-align: right;">Page 117</p> <p>1 Q. And it says that the fire division 2 has carried Narcan for over 20 years. Is that 3 correct? 4 A. It is. 5 Q. And the media advisory quotes -- 6 sorry. Let me back up for a second. This media 7 advisory was issued by the mayor's office; is 8 that right? 9 A. I believe so, yes. 10 Q. And it quotes Mayor Horrigan saying, 11 "In many ways this epidemic has been creeping 12 around the country and our region, specifically, 13 our county for the last three to five years." 14 Do you see that? 15 A. I do. 16 Q. Is he referring to the opioid 17 epidemic there? 18 MS. FLOWERS: Objection. Calls for 19 speculation. 20 A. I really don't know what he's 21 referring to specifically. 22 Q. Do you agree with Mayor Horrigan 23 that as of 2016, when this media advisory 24 issued, that what he refers to as "the epidemic" 25 had been creeping around the country, the region</p>

<p style="text-align: right;">Page 118</p> <p>1 specifically, the county, meaning Summit County, 2 for the past three to five years? 3 A. I don't know if I would agree with 4 every word of the description, but as a general 5 rule, I agree that the problem had been growing 6 over the past few years at that time. 7 Q. Is the three to five years an 8 accurate time frame assessment? 9 MS. FLOWERS: Objection. Asked and 10 answered. 11 A. Getting back to our previous 12 conversation about the time frames involved, I 13 don't know at the time when this came out if I 14 would have agreed to three to five years at that 15 point, and I don't know if I would agree to it 16 now. It's hard to say. 17 Q. You said you don't know if you would 18 agree with every word of the description. Are 19 there specific ones you take issue with or 20 disagree with? 21 MS. FLOWERS: Object to the form. 22 A. I guess my point is that as time has 23 gone on and we have learned more and we've -- 24 are now two plus years out of this specific 25 statement, and five plus years into dealing with</p>	<p style="text-align: right;">Page 120</p> <p>1 Q. You can set that one aside. 2 MR. CAREY: Do you want to take a 3 quick break and then come back and wrap up for 4 lunch around 12:45? Does that work? 5 MS. FLOWERS: That's fine with me. 6 Okay with you, Chief? 7 THE WITNESS: Absolutely. 8 THE VIDEOGRAPHER: Off the record, 9 12:01. 10 (Recess had.) 11 THE VIDEOGRAPHER: We're back on the 12 record, 12:19. 13 - - - - - 14 (Thereupon, Twigg Deposition Exhibit 15 7, E-Mail from Charles Brown to 16 Various Recipients, dated March 19, 17 2018, with Attachment, Beginning 18 Bates Number AKRON_000236205, was 19 marked for purposes of 20 identification.) 21 - - - - - 22 BY MR. CAREY: 23 Q. Chief, I'm handing to the court 24 reporter Akron_000236205. This is going to be 25 Defendants' Exhibit 7. If you want to take a</p>
<p style="text-align: right;">Page 119</p> <p>1 some of these issues, I think I've learned that 2 making concrete comments and, you know, 3 statements about when this started, how this 4 started, where this started, are challenging to 5 be accurate and aren't necessarily productive. 6 So that's when I say that I don't know if I 7 agree with every word. I think this is a 8 nebulous subject that's hard to point to 9 concrete points. That's why I kind of take some 10 stand-back from this particular comment. 11 Q. The second part of this quote, 12 "However, no one could have predicted the 13 introduction of fentanyl and carfentanil and the 14 damage they both cause," do you agree with that 15 statement? 16 A. I feel comfortable saying that I 17 agree that I personally did not have knowledge 18 or forewarning to what the effects of fentanyl 19 and carfentanil were going to have on the 20 community. 21 Q. Do you think that anyone else had 22 forewarning? 23 MS. FLOWERS: Object to the form. 24 A. I don't feel capable of answering 25 that question.</p>	<p style="text-align: right;">Page 121</p> <p>1 second and familiarize yourself with that. 2 MR. EDELMAN: Do you mind repeating 3 the Bates? 4 MR. CAREY: Sure. It's 5 Akron_000236205. 6 Q. Are you ready for some questions on 7 it, Chief? 8 A. Yes, sir. 9 Q. Do you recognize this e-mail? 10 A. Yes, sir. 11 Q. What is it? 12 A. It is an information sheet from a 13 group -- I believe it's the law enforcement 14 group -- dealing with drug trafficking. It was 15 shared to us from Deputy Mayor Brown. 16 Q. Do you do any work for the High 17 Intensity Drug Trafficking Area group or HIDTA? 18 A. I do not. 19 Q. Does the fire department in general 20 do any work for HIDTA? 21 A. Not that I'm aware of. 22 Q. If you want to turn to the 23 attachment here. It starts off -- the top 24 paragraph starts off with, "Some parts of NDOH." 25 Does that mean Northern District of Ohio?</p>

<p style="text-align: right;">Page 122</p> <p>1 A. I don't know.</p> <p>2 Q. It says this area is experiencing a</p> <p>3 plateauing or even significant decrease in</p> <p>4 fatalities due to drug overdose. And the time</p> <p>5 period this document is referring to, according</p> <p>6 to the top here, is June 2017 to December 2017.</p> <p>7 Is that consistent with your understanding in</p> <p>8 the Akron area, that during that time period</p> <p>9 there was a significant decrease or plateauing</p> <p>10 in fatalities due to drug overdoses?</p> <p>11 MS. FLOWERS: Object to the form.</p> <p>12 Lack of foundation.</p> <p>13 A. My knowledge as a deputy chief at</p> <p>14 the time is that we were experiencing fewer ODs</p> <p>15 and fatalities than we had in the, let's say,</p> <p>16 year prior to that.</p> <p>17 Q. So the number of ODs and overdose</p> <p>18 fatalities the fire division responded to went</p> <p>19 down from 2016 to 2017?</p> <p>20 MS. FLOWERS: Object to the form.</p> <p>21 A. That's a true statement.</p> <p>22 Q. Has that downward trend continued</p> <p>23 into 2018?</p> <p>24 MS. FLOWERS: Object to the form.</p> <p>25 A. I don't have the statistics</p>	<p style="text-align: right;">Page 124</p> <p>1 opinions and our belief about what was going on.</p> <p>2 So one of the challenges for the fire service is</p> <p>3 to understand why there's been a reduction, or</p> <p>4 what -- if there really is a reduction. It's</p> <p>5 hard for us to understand how many, for example,</p> <p>6 overdoses don't get reported to us because</p> <p>7 family members are reviving with DAWN kits, for</p> <p>8 example. So if I remember the question</p> <p>9 correctly, it's do I agree with this document</p> <p>10 and the reason for the reduction. I'm trying to</p> <p>11 suggest that yes, I do, but mainly because I</p> <p>12 trust some of the things this document says</p> <p>13 based on who it was received from.</p> <p>14 Q. Okay. Can you list the causes of</p> <p>15 the opioid epidemic for me?</p> <p>16 MS. FLOWERS: Object to the form.</p> <p>17 A. I don't believe I have the</p> <p>18 professional training to determine the cause of</p> <p>19 the epidemic.</p> <p>20 Q. Do you believe that the opioid</p> <p>21 epidemic, at least in Akron, has a single or</p> <p>22 multiple causes?</p> <p>23 MS. FLOWERS: Object to form.</p> <p>24 Q. I'm sorry. Let me rephrase that.</p> <p>25 Does the opioid epidemic in Akron</p>
<p style="text-align: right;">Page 123</p> <p>1 memorized. I believe there is a slight decrease</p> <p>2 from the end of '17, but, at best, it's a slight</p> <p>3 decrease.</p> <p>4 Q. Do you have any understanding of why</p> <p>5 there's been a decrease during that time period?</p> <p>6 A. This document speaks to and is</p> <p>7 probably one of the areas of explanation that we</p> <p>8 on the fire department think might be</p> <p>9 attributing to -- I think the only thing that</p> <p>10 this one doesn't mention that I've heard</p> <p>11 discussed is the potential that just X</p> <p>12 percentage of people have died and are no longer</p> <p>13 available to overdose.</p> <p>14 Q. I just want to clarify. You said</p> <p>15 "This document speaks to and is probably one of</p> <p>16 the areas of explanation that we on the fire</p> <p>17 department think might be attributing to" -- I'm</p> <p>18 sorry. What does that mean? Are you saying</p> <p>19 that you on the fire department agree with each</p> <p>20 of these bullets on the document?</p> <p>21 MS. FLOWERS: Object to the form.</p> <p>22 Lack of foundation.</p> <p>23 A. You asked does this match our</p> <p>24 feelings about the reduction, and I'm trying to</p> <p>25 suggest that this document helped steer our</p>	<p style="text-align: right;">Page 125</p> <p>1 have a single cause or multiple causes?</p> <p>2 A. I don't know if I've developed an</p> <p>3 opinion on that or I have a professional belief</p> <p>4 on that.</p> <p>5 Q. Do you have a non-professional</p> <p>6 belief on that?</p> <p>7 MS. FLOWERS: Objection.</p> <p>8 A. You're asking me a question, and I'm</p> <p>9 saying that I do not have a firm answer on -- my</p> <p>10 professional or personal opinion on how many</p> <p>11 different causes may or -- may be involved in</p> <p>12 this opioid epidemic.</p> <p>13 Q. Do you know where -- where the</p> <p>14 people in Akron are getting the prescription</p> <p>15 opioids from that are causing calls to your</p> <p>16 department?</p> <p>17 A. No.</p> <p>18 Q. Do you know where the people in</p> <p>19 Akron are getting the illegal opioids that</p> <p>20 they're using that are causing calls to your</p> <p>21 department?</p> <p>22 A. I do not.</p> <p>23 Q. The department doesn't do any</p> <p>24 research into that?</p> <p>25 MS. FLOWERS: Objection. Lack of</p>

<p style="text-align: right;">Page 126</p> <p>1 foundation.</p> <p>2 A. Research into what, sir?</p> <p>3 Q. Into where the opioids are coming</p> <p>4 from that are causing calls to your department.</p> <p>5 MS. FLOWERS: Objection.</p> <p>6 A. No, sir. We did not look into that.</p> <p>7 Q. If there was a need to look into</p> <p>8 where the opioids are coming from that are</p> <p>9 causing calls to your department, how would you</p> <p>10 go about that?</p> <p>11 A. Can you say that one more time,</p> <p>12 please?</p> <p>13 Q. Yes.</p> <p>14 If you decided for some reason that</p> <p>15 you needed to investigate, in your position,</p> <p>16 where the opioids are coming from into Akron</p> <p>17 that are causing calls to your department, how</p> <p>18 would you go about investigating that?</p> <p>19 A. That subject, in my opinion, both</p> <p>20 professionally and personally, falls into other</p> <p>21 areas of responsibility. I think the police</p> <p>22 department would be one area and then the State</p> <p>23 Pharmacy Board, for example, Department of --</p> <p>24 Public Health Department, that type.</p> <p>25 Q. What are your department's</p>	<p style="text-align: right;">Page 128</p> <p>1 example, will go to our fire alarm headquarters</p> <p>2 dispatch center.</p> <p>3 Q. And that's the fire -- within the</p> <p>4 fire communications bureau?</p> <p>5 A. That is accurate.</p> <p>6 Q. And then your department is also</p> <p>7 responsible for responding to those emergency</p> <p>8 calls when somebody is dispatched?</p> <p>9 A. That is correct.</p> <p>10 MR. CAREY: It's a good stopping</p> <p>11 point for lunch.</p> <p>12 MS. FLOWERS: Okay.</p> <p>13 THE VIDEOGRAPHER: Off the record at</p> <p>14 12:25.</p> <p>15</p> <p>16 (Luncheon recess taken.)</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
<p style="text-align: right;">Page 127</p> <p>1 responsibilities as they relate to drug use in</p> <p>2 Akron? When I say "drug use," I mean all drugs.</p> <p>3 A. I believe our department's</p> <p>4 responsibility is to respond to calls for the</p> <p>5 most part. We do accept and take on and try to</p> <p>6 offer preventative education to the public</p> <p>7 whenever we can. So part of our response to</p> <p>8 this epidemic has been community outreach and an</p> <p>9 attempt at preventative measures and an attempt</p> <p>10 to connect patients and victims of this</p> <p>11 situation to the definitive resources that we</p> <p>12 believe will help them out of the situation</p> <p>13 they're in.</p> <p>14 Q. Does your department offer any sort</p> <p>15 of treatment or recovery services?</p> <p>16 A. No.</p> <p>17 Q. And I'm correct that your department</p> <p>18 handles incoming emergency calls? Sorry. What</p> <p>19 I'm getting at here, I'd like to kind of</p> <p>20 separate the two. There's a call that comes in</p> <p>21 and then there's -- correct me if I'm wrong -- a</p> <p>22 response to the call, somebody is dispatched.</p> <p>23 So starting with this first part here, who</p> <p>24 handles the incoming emergency call?</p> <p>25 A. A call to 911 via phone, for</p>	<p style="text-align: right;">Page 129</p> <p>1 THE VIDEOGRAPHER: Back on the</p> <p>2 record, 1:28.</p> <p>3 -----</p> <p>4 AFTERNOON SESSION</p> <p>5 CONTINUED EXAMINATION OF CHARLES I. TWIGG</p> <p>6 BY MR. CAREY:</p> <p>7 Q. Welcome back.</p> <p>8 So right before we broke for lunch,</p> <p>9 we were talking a little bit about 911 emergency</p> <p>10 calls. I'd just kind of like to round that out.</p> <p>11 When a 911 call is placed within the</p> <p>12 city of Akron, who receives it?</p> <p>13 A. The fire alarm headquarters, also</p> <p>14 known as our dispatch center, if all goes well,</p> <p>15 based on -- any hard-wired phone call definitely</p> <p>16 goes to our dispatch center, and 95 to 99</p> <p>17 percent of all the cell phone calls will be</p> <p>18 directed towards our fire alarm headquarters, to</p> <p>19 be answered there.</p> <p>20 Q. Who is directing those calls to the</p> <p>21 dispatch center? Is there somebody in between</p> <p>22 the call being placed and it going to the</p> <p>23 dispatch center or is it done by computer?</p> <p>24 A. I don't know the technical details</p> <p>25 of how they're routed, but I do know that within</p>

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1 the city limits the calls are supposed to come
 2 to our dispatch center. When you get towards
 3 the periphery and cell towers are involved,
 4 occasionally a call will be directed to the
 5 incorrect public safety answering point, is the
 6 industry name for it, and occasionally a call
 7 will have to be transferred from, let's say, the
 8 Falls to Akron based on a weird cell tower ping,
 9 or something along those lines, but in general,
 10 anything within city limits comes to our
 11 dispatch center.
 12 Q. What entities or divisions within
 13 Akron as a whole pay for the dispatch center?
 14 A. What do you mean by "entities within
 15 Akron"?
 16 Q. Is the dispatch center run solely by
 17 Akron Fire or are other entities involved, such
 18 as the police department?
 19 A. That would be accurate. So the
 20 dispatch center is shared, if you will. It's a
 21 combined dispatch center with police and fire.
 22 We do not have separate dispatch facilities, if
 23 that helps.
 24 Q. So if somebody makes a call to 911
 25 for a police emergency that does not require

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1 fire or EMS services, that call would still go
 2 to the dispatch center we've been talking about?
 3 A. That is accurate.
 4 Q. Once the call comes into the
 5 dispatch center, what happens after that?
 6 A. You have -- the dispatch center is
 7 broken up into call takers and dispatchers. So
 8 the call is received by the call takers and then
 9 it will be shipped, you know, is the term for
 10 it, from the call taker to the appropriate
 11 dispatchers, either police or fire, fire/EMS I
 12 should say.
 13 Q. And the call takers and the call
 14 dispatchers, they all work at the dispatch
 15 center?
 16 A. That is correct.
 17 Q. Now, speaking specifically of the
 18 dispatchers, is that, again, shared? Are there
 19 police dispatchers and fire department
 20 dispatchers?
 21 A. That is my understanding.
 22 Q. So if somebody makes a 911 call for
 23 a fire or EMS emergency, the call taker receives
 24 it and, based on the information the call taker
 25 receives, they then hand it off or transfer it

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1 to a dispatcher based off that information that
 2 they just received?
 3 A. Yes.
 4 Q. And they make the initial decision
 5 whether it should go to a police dispatcher or a
 6 fire/EMS dispatcher?
 7 A. Yes.
 8 Q. Just to make sure I completely
 9 understand this, are there different dispatchers
 10 at the dispatch center for fire calls versus
 11 medical emergency calls?
 12 A. Yes and no. Depending on the time
 13 of day, they can have a separate dispatcher that
 14 will only do EMS while the other dispatcher will
 15 do only fire. But there are times where during
 16 slower periods they'll only have one dispatcher
 17 to send out both fire and EMS calls.
 18 Q. Who employs the call takers?
 19 A. The Safety -- Safety Forces
 20 Communication Center is the title of the entity
 21 that employs the call takers and the
 22 dispatchers.
 23 Q. Does -- we can talk about this more
 24 later, but in general, does money come out of
 25 the fire department's budget for the SFCC? Is

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1 that the shorthand for it?
 2 A. Sure.
 3 The dispatch center is budgeted
 4 separately from police and fire under public
 5 safety is my understanding.
 6 Q. So a fire or EMS dispatcher receives
 7 a call from the call taker. They pass it off to
 8 the fire or EMS dispatcher. What happens next?
 9 A. The call comes up on the
 10 dispatcher's console and then they do a quick
 11 review of the call, make sure everything seems
 12 appropriate, and then based on the location of
 13 the call, the dispatcher will hit the tones in
 14 the station that alerts them that they have a
 15 call, and they send it, in air quotes, to that
 16 station, and a printer will go off in the
 17 station with that information of where the call
 18 is, and then they'll also get on the PA system
 19 and they'll verbally dispatch the apparatus in
 20 question to the location.
 21 Q. I think you said that the dispatcher
 22 does a quick review of the call to make sure
 23 everything seems appropriate. What are they
 24 reviewing?
 25 A. The -- sometimes there will be notes

<p style="text-align: right;">Page 134</p> <p>1 in the call from the -- as the call taker is on 2 the phone with the caller, they are typing 3 almost continuously about anything the person 4 might be saying. So the dispatchers, I believe, 5 typically do a real quick review of the notes to 6 see if anything special is going on before they 7 send everybody out. 8 Q. What type of information is the call 9 taker recording? 10 A. Just all kinds of information. You 11 would have to be more specific about what you're 12 asking for, I think. 13 Q. Okay. Well, you know, we have some 14 documents that I think relate to this stuff that 15 we'll take a look at in a second. Maybe that 16 will help me get some questions right here. 17 But let me just -- what -- is there 18 any tracking of the calls that takes place when 19 they come in? Is each call recorded in a 20 database or something like that? 21 A. All the calls are recorded, yes. 22 Q. I'm sorry. I should have been more 23 specific with my question. When you say all the 24 calls are being recorded, is that an audio 25 recording? Is that what you're referring to?</p>	<p style="text-align: right;">Page 136</p> <p>1 - - - - - 2 (Thereupon, Twigg Deposition Exhibit 3 8, Spreadsheet Excerpt, Beginning 4 Bates Number AKRON_001121887, was 5 marked for purposes of 6 identification.) 7 - - - - - 8 Q. Chief Twigg, I've just handed to the 9 court reporter a document, and the Bates 10 label -- let me explain here what's going on 11 with this document. The Bates label is 12 Akron_001121887, and just so -- let's walk 13 through this document real quick and what it is. 14 Just so you understand, your 15 attorney has produced a pretty massive 16 spreadsheet that contained a lot of this 17 information. It would have been thousands of 18 pages probably if we printed it and brought it 19 in. So this is just kind of a snippet of that 20 information. It's three rows of the 21 information. And the way the document is set 22 up -- and, also, just for the record, the 23 Bates -- because it was produced natively, the 24 Bates stamp was not on there. We just added 25 that on and the page number for ease of</p>
<p style="text-align: right;">Page 135</p> <p>1 A. Yes. There's an audio recording of 2 each call that comes into dispatch. 3 Q. And then is there a database that 4 the call takers are entering information into 5 about the call? 6 A. If there is, I'm not familiar with 7 what you're referring to. 8 Q. Are the dispatchers entering 9 information about the calls into a database? 10 A. Again, I'm not understanding the 11 term "database" as it applies to this. To the 12 best I understand your question, the answer is 13 no. 14 Q. Are the dispatchers typing this 15 information into a computer? 16 A. Yes. 17 Q. And when they're typing this 18 information into the computer, where is it 19 going? 20 A. Into the CAD system. 21 Q. Okay. 22 A. I thought you were asking about 23 something different. 24 Q. No. Sorry. That's all I was 25 getting at.</p>	<p style="text-align: right;">Page 137</p> <p>1 reference as we're talking about it. 2 So this is three rows of information 3 out of that spreadsheet. If you flip, as the 4 numbers consecutively go up, one, two, three, 5 four, five, basically you're just going over in 6 columns through the spreadsheet. So if you took 7 the first page off and set it over here and the 8 second page next to it, you could line them all 9 up and it would just be three rows of the 10 spreadsheet. 11 Does that make sense? 12 A. I think I understand. 13 Q. Okay. Stop me if we're going 14 through these and you're getting confused about 15 where we are in here and what it is and we'll 16 try and figure it out. 17 According to the metadata, the 18 author of this spreadsheet was an -- and I might 19 pronounce the first name wrong, an Eric or Erich 20 (phonetic) Jackson. Do you know who that is? 21 A. I do. 22 Q. Who is that? 23 A. He is a former employee that worked 24 in the safety forces IT section and was involved 25 in -- well, yeah. A former employee that worked</p>

<p style="text-align: right;">Page 138</p> <p>1 in the safety forces IT section.</p> <p>2 Q. What was he involved in?</p> <p>3 A. He was involved in gathering data</p> <p>4 out of the CAD system as part of the discovery</p> <p>5 process.</p> <p>6 Q. Okay. You said former employee.</p> <p>7 When did Mr. Jackson leave?</p> <p>8 A. Within the last couple months, I</p> <p>9 believe.</p> <p>10 Q. Do you know why he left?</p> <p>11 A. I do not know why.</p> <p>12 Q. The title of the document, according</p> <p>13 to the metadata, is AFD CAD_D stats notes. Does</p> <p>14 the D stats notes signify anything to you?</p> <p>15 A. I'm not familiar with that term.</p> <p>16 Q. Okay. Looking at this, what is this</p> <p>17 information to you?</p> <p>18 A. Well, I would start with saying that</p> <p>19 I have never seen information displayed in this</p> <p>20 format before, but through context and what</p> <p>21 you've told me about where the information came</p> <p>22 from, I believe this to be data from specific</p> <p>23 fields of a specific incident out of the CAD</p> <p>24 system.</p> <p>25 Q. Do you know, is there a specific</p>	<p style="text-align: right;">Page 140</p> <p>1 information into CAD?</p> <p>2 MS. FLOWERS: Objection. Asked and</p> <p>3 answered.</p> <p>4 A. I believe the call taker is the one</p> <p>5 that's entering this information into CAD.</p> <p>6 Q. The far left-hand column on page 1,</p> <p>7 it's titled "DStatsID." Do you know what that</p> <p>8 number is, the numbers in that column?</p> <p>9 A. I do not know, but I would add that,</p> <p>10 based on my knowledge, some information dumps</p> <p>11 into the CAD automatically based on the 911</p> <p>12 call, so there is potential for information to</p> <p>13 be in here, for example, address, which might be</p> <p>14 generated by the computer when the call taker</p> <p>15 picks up the call.</p> <p>16 Q. The second column there -- and I</p> <p>17 promise we're not going through all these, but</p> <p>18 the second column there, DStatsNum, do you know</p> <p>19 what the difference is between the numbers in</p> <p>20 that column and the previous column, the</p> <p>21 DStatsID column?</p> <p>22 A. I do not know what DStatsID is. I</p> <p>23 think DStatsNum -- and I'm not positive, but it</p> <p>24 looks like that might be the incident number.</p> <p>25 Q. All right. Turning to the last page</p>
<p style="text-align: right;">Page 139</p> <p>1 field that is filled in exclusively when a call</p> <p>2 comes in related to opioids?</p> <p>3 A. I do not know.</p> <p>4 Q. If you turn to the third page,</p> <p>5 there's a column titled "Nature." Do you know</p> <p>6 what type of information is put into the Nature</p> <p>7 field?</p> <p>8 A. To my understanding, you'll see</p> <p>9 the -- at the beginning of the writing in the</p> <p>10 Nature field, there is -- for example, in the</p> <p>11 first nature block on page 3, you'll see illl.</p> <p>12 I believe that -- my understanding is that's</p> <p>13 called a CAD code, and based on the information</p> <p>14 that the call taker receives as they input that</p> <p>15 information into the system, the nature code is</p> <p>16 generated from that information. And I believe</p> <p>17 that has already been established by the time</p> <p>18 the dispatcher receives the call from the call</p> <p>19 taker.</p> <p>20 Q. So who's entering this information</p> <p>21 into CAD, the dispatcher?</p> <p>22 A. My understanding is that this</p> <p>23 information would be generated based on what the</p> <p>24 caller says to the call taker.</p> <p>25 Q. So is the call taker entering this</p>	<p style="text-align: right;">Page 141</p> <p>1 then, Incident Notes, do you know if these notes</p> <p>2 comprise everything that the caller said?</p> <p>3 MS. FLOWERS: Object to the form.</p> <p>4 A. I do not know.</p> <p>5 Q. Are the call takers required, that</p> <p>6 you know of, to enter everything that the caller</p> <p>7 says?</p> <p>8 A. To the best of my knowledge, the</p> <p>9 call takers are not required to enter every word</p> <p>10 verbatim that's said by the caller.</p> <p>11 Q. Are these notes used by somebody</p> <p>12 after they're entered into the CAD database?</p> <p>13 A. I can say that in the course of my</p> <p>14 daily duties, there's been times where, when we</p> <p>15 go to investigate a call for whatever reason,</p> <p>16 we'll look up the call and read through the</p> <p>17 notes to help us get an understanding of what</p> <p>18 that call might have been about as we look into</p> <p>19 it for some reason or another. That would be an</p> <p>20 example of sometimes where you use the notes.</p> <p>21 Q. I think you mentioned -- and I'm</p> <p>22 going to use the terminology wrong here, but I</p> <p>23 think you mentioned when the dispatcher pings or</p> <p>24 sends this to the appropriate firehouse, that</p> <p>25 something is printed out there. Did I come</p>

<p style="text-align: right;">Page 142</p> <p>1 anywhere close to explaining that correctly?</p> <p>2 A. I understand your question.</p> <p>3 Q. Are the incident notes printed out?</p> <p>4 What is printed out at the firehouse after a</p> <p>5 dispatcher sends the information to them?</p> <p>6 A. I'm trying to remember what a</p> <p>7 printout looks like. I believe that caution</p> <p>8 notes, if there should be caution notes assigned</p> <p>9 to a call, those would print out on the</p> <p>10 printout. And you'll have to excuse me. It's</p> <p>11 been several years since I've torn a run sheet</p> <p>12 out, printout out. I do not recall all of the</p> <p>13 notes being on the printout at the station. And</p> <p>14 then I can speak more affirmatively on the fact</p> <p>15 that sometimes a call will be dispatched and</p> <p>16 notes will be added after the call was</p> <p>17 dispatched, and that certainly would not be on</p> <p>18 the printout.</p> <p>19 Q. You mentioned caution notes. What</p> <p>20 are those?</p> <p>21 A. For example, there will be times</p> <p>22 when, through our fire prevention bureau, we</p> <p>23 know a structure has specific structural hazards</p> <p>24 involved. There's been times when we'd say this</p> <p>25 building is a do not enter or defensive fire</p>	<p style="text-align: right;">Page 144</p> <p>1 MS. FLOWERS: Objection.</p> <p>2 Q. Less than five minutes?</p> <p>3 MS. FLOWERS: Objection.</p> <p>4 A. Yes, less than five minutes.</p> <p>5 Q. Is there specific circumstances or</p> <p>6 instances that you're thinking of that make it</p> <p>7 hard to judge this?</p> <p>8 A. Our dispatch center -- and I'm</p> <p>9 trying to think of the number off the top of my</p> <p>10 head. I think our dispatch center processes</p> <p>11 somewhere in the neighborhood of 250 to 300,000</p> <p>12 calls a year, so you're asking specifics about a</p> <p>13 very wide-ranging degree of calls, so it's hard</p> <p>14 for me to give an answer specifically when</p> <p>15 there's such a gigantic range of call types.</p> <p>16 Q. Could you give an estimate on how</p> <p>17 long a dispatcher is handling a call for an</p> <p>18 opioid overdose?</p> <p>19 MS. FLOWERS: Objection.</p> <p>20 A. I'd have no way of -- it would be a</p> <p>21 flat out guess. I have no specific knowledge of</p> <p>22 averages or any statistics about how long that</p> <p>23 takes.</p> <p>24 Q. So my understanding is there's a</p> <p>25 regulation that requires call takers to transfer</p>
<p style="text-align: right;">Page 143</p> <p>1 only, for example, so we would ask the dispatch</p> <p>2 folks to put a caution note for this particular</p> <p>3 address. Then should that address come in at a</p> <p>4 later date, that caution note would be shared</p> <p>5 with the responders.</p> <p>6 Q. From the time a call comes in till</p> <p>7 the time the call taker sends it over to the</p> <p>8 dispatcher, about how long is that time period?</p> <p>9 A. I believe the standard is to get it</p> <p>10 shipped in less than 60 seconds.</p> <p>11 Q. And how long do dispatchers stay on</p> <p>12 the line for a call?</p> <p>13 A. I'm not sure I understand your</p> <p>14 question.</p> <p>15 Q. So from the moment a dispatcher</p> <p>16 receives the call from the call taker to the</p> <p>17 moment that dispatcher is done with handling</p> <p>18 that call, do you have an estimate on how long</p> <p>19 the dispatcher would have been handling that</p> <p>20 specific call?</p> <p>21 A. I do not have an estimate.</p> <p>22 Q. Ten minutes?</p> <p>23 A. No.</p> <p>24 Q. Less than ten minutes?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 145</p> <p>1 a call under a certain amount of time; is that</p> <p>2 right?</p> <p>3 A. No, that's not accurate.</p> <p>4 Q. Actually, it's not that important.</p> <p>5 We can move on.</p> <p>6 So in general, and not referencing</p> <p>7 this specific document, is there anything in the</p> <p>8 CAD data that can tell someone whether the</p> <p>9 incoming call that was recorded there was</p> <p>10 regarding an opioid overdose?</p> <p>11 MS. FLOWERS: Objection. Asked and</p> <p>12 answered.</p> <p>13 A. There's nothing in the -- there's no</p> <p>14 specific CAD field that indicates opioid</p> <p>15 overdose.</p> <p>16 Q. Do you know, if somebody asked you</p> <p>17 to look at all the CAD data and determine which</p> <p>18 ones were related to opioid overdoses, would you</p> <p>19 be able to do that?</p> <p>20 MS. FLOWERS: Objection.</p> <p>21 A. Could you say that -- could you ask</p> <p>22 me again?</p> <p>23 Q. Sure.</p> <p>24 If somebody came to you -- let's say</p> <p>25 the mayor came to you and said, "I need you to</p>

<p style="text-align: right;">Page 146</p> <p>1 look at the CAD data and tell me how many of 2 those calls that are recorded in there were 3 related to opioid overdoses," would you be able 4 to do that? 5 A. Are you asking me specifically about 6 the CAD data and only the CAD data? 7 Q. Yes. 8 A. We have the ability to look through 9 CAD data to give us an indication of which calls 10 may have been opioid overdoses and then research 11 further, based on that CAD data, with the 12 handwritten report. 13 Q. What in the CAD data are you looking 14 at to get the indication if a call may have been 15 related to an opioid overdose? 16 A. You could use their consciousness 17 level as an indicator of a possible overdose 18 that would raise your level of suspicion to the 19 point where you could look for additional 20 details. 21 Q. Where is the consciousness level 22 recorded in the CAD data? Do you know what the 23 title of that column or field would be? 24 MS. FLOWERS: Objection. Lack of 25 foundation.</p>	<p style="text-align: right;">Page 148</p> <p>1 beyond the CAD data to reliably tell how many of 2 the calls were related to opioid overdoses? 3 A. To get an accurate count, that's 4 accurate. That's correct. 5 Q. We talked a little earlier about -- 6 let me see if I can get this right. Sometimes 7 ambulances or EMS personnel are dispatched to a 8 call and sometimes firefighters are dispatched. 9 Does that information show up in the CAD data? 10 In other words, would the CAD data tell me if 11 both a fire truck and an ambulance responded to 12 a call? 13 A. I believe it should. 14 Q. Do you know what field that would be 15 entered in? 16 A. I believe there should be an 17 apparatus field of some description in the data. 18 Q. Do the EMS bureau and the fire 19 division share a CAD database? 20 MS. FLOWERS: Objection. Asked and 21 answered. 22 A. The CAD system supports EMS and 23 fire. 24 Q. If Narcan is dispensed, is that 25 recorded in the CAD data?</p>
<p style="text-align: right;">Page 147</p> <p>1 A. I don't believe there's a specific 2 conscious or unconscious box to check, if that's 3 what you're asking me. 4 Q. Where would that be recorded in the 5 CAD data then? 6 A. There are certain nature codes that 7 speak to a person's lack of responsive. 8 Q. Are there specific nature codes that 9 you're referring to? 10 A. One that comes to mind is 11 unresponsive. 12 Q. If I'm understanding you correct, 13 and not to put too fine a point on it, but just 14 exclusively looking at the CAD data and only the 15 CAD data, you would not be able to determine how 16 many of the incoming calls were related to 17 opioid overdoses? 18 MS. FLOWERS: Objection. Asked and 19 answered. 20 A. I'd go back to my previous answer, 21 that we do not have a specific box checking 22 opioid overdose, but we have the ability to 23 utilize CAD data to help us figure out how many 24 overdoses we've had. 25 Q. But you have to look to somewhere</p>	<p style="text-align: right;">Page 149</p> <p>1 A. Not to my knowledge. 2 - - - - - 3 (Thereupon, Twigg Deposition Exhibit 4 9, Spreadsheet Excerpt, Beginning 5 Bates Number AKRON_001121886, was 6 marked for purposes of 7 identification.) 8 - - - - - 9 Q. I'm handing to the court reporter 10 Akron_001121886. It's going to be Defendants' 11 Exhibit 9. You can set that one aside. So this 12 is very similar to the last document we were 13 just looking at. And, again, this was produced 14 to us in the native Excel spreadsheet. We added 15 the Bates number and the page number for ease of 16 reference. And, again, this is just kind of a 17 handful, maybe, what, 15 rows here, and then as 18 you turn the pages, you're going across in 19 columns. 20 Do you recognize this document? 21 A. This would be a similar description 22 to the previous document you showed me, where 23 I've never seen a document produced in this 24 format before, not in my -- in my role as EMS 25 chief or anything to do with my dispatch</p>

<p style="text-align: right;">Page 150</p> <p>1 oversight. So I haven't seen this type document</p> <p>2 before, just like the other one.</p> <p>3 Q. I'll represent to you that,</p> <p>4 according to the metadata, the author of this</p> <p>5 document was the same, Mr. Jackson, as the last</p> <p>6 one, and the title was "AFD CAD Incidents,"</p> <p>7 where the title of the last document was "AFD</p> <p>8 CAD D Stats Notes." Does that change in title</p> <p>9 have any significance to you?</p> <p>10 A. Not to me.</p> <p>11 Q. Looking at this document, do you --</p> <p>12 strike that.</p> <p>13 Are there specific questions a call</p> <p>14 taker is required to ask when a call comes in?</p> <p>15 A. Yes.</p> <p>16 Q. Do you happen to know what those</p> <p>17 questions are?</p> <p>18 A. No.</p> <p>19 Q. The same question for a dispatcher.</p> <p>20 Are there specific questions that a dispatcher</p> <p>21 is required to ask when he or she is handling</p> <p>22 the call?</p> <p>23 A. A dispatcher is not in contact with</p> <p>24 the person calling in to 911.</p> <p>25 Q. Who is the dispatcher in contact</p>	<p style="text-align: right;">Page 152</p> <p>1 should catch their attention, and then they look</p> <p>2 at the running order for the particular call and</p> <p>3 then they alert the appropriate apparatus based</p> <p>4 on that information and either send it to the</p> <p>5 station or notify the units that are on air, out</p> <p>6 driving around, that they have a call, and they</p> <p>7 give them the address. And that's pretty much</p> <p>8 the initial dispatch.</p> <p>9 Q. Real quick. I think we said earlier</p> <p>10 -- or you said earlier that sometimes it's the</p> <p>11 case that only a fire truck or fire-fighting</p> <p>12 apparatus responds to a call; is that correct?</p> <p>13 A. There are calls that come into our</p> <p>14 dispatch center that only a fire apparatus would</p> <p>15 respond to, correct.</p> <p>16 Q. And are there calls that only an EMS</p> <p>17 apparatus responds to?</p> <p>18 A. Yes.</p> <p>19 Q. And then there's calls that both</p> <p>20 respond to, I'm assuming, correct?</p> <p>21 A. Yes.</p> <p>22 Q. What type of call only requires an</p> <p>23 EMS response?</p> <p>24 A. Well, it depends on the type of call</p> <p>25 and the unit responding.</p>
<p style="text-align: right;">Page 151</p> <p>1 with?</p> <p>2 A. The dispatcher's job is to dispatch</p> <p>3 the apparatus that are supposed to be going to</p> <p>4 the call, so the dispatcher communicates with</p> <p>5 the response resources, not the caller.</p> <p>6 Q. Who are the response resources?</p> <p>7 A. Well, for fire side, it would be</p> <p>8 either a fire apparatus or an EMS apparatus or a</p> <p>9 command vehicle, something along those lines.</p> <p>10 Q. What does the dispatcher do? Does</p> <p>11 he or she call these resources?</p> <p>12 A. The dispatcher is in contact with</p> <p>13 the on-air, which means out of the station,</p> <p>14 apparatus via radio, and then they have</p> <p>15 communication capability with each of the fire</p> <p>16 stations via a PA station.</p> <p>17 Q. You can set that aside. Do me a</p> <p>18 favor. Walk me through -- the call comes in.</p> <p>19 The call taker gets it, transfers it to the</p> <p>20 dispatcher. What happens next again?</p> <p>21 A. Where did your -- where did it stop?</p> <p>22 Q. The dispatcher now has the call.</p> <p>23 Can you just walk me through what the dispatcher</p> <p>24 does with it again?</p> <p>25 A. Do a quick review for any notes that</p>	<p style="text-align: right;">Page 153</p> <p>1 Q. Can you explain a little more what</p> <p>2 that means?</p> <p>3 A. Some of our med units have two</p> <p>4 people and some have four people. If a</p> <p>5 75-year-old person is in -- is not breathing and</p> <p>6 bystanders are doing CPR at church, and the</p> <p>7 first med unit responding is with two people in</p> <p>8 it, we'll send a fire apparatus to assist with</p> <p>9 manpower on that call. If that same exact call</p> <p>10 occurred with a four-person med unit, most</p> <p>11 likely we will not send additional resources to</p> <p>12 assist.</p> <p>13 - - - - -</p> <p>14 (Thereupon, Twigg Deposition Exhibit</p> <p>15 10, Spreadsheet Entitled "Akron</p> <p>16 Opiate Incidents Between 7/10/2010</p> <p>17 and 6/02/2018," Beginning Bates</p> <p>18 Number AKRON_000004036, was marked</p> <p>19 for purposes of identification.)</p> <p>20 - - - - -</p> <p>21 Q. I'm handing to the court reporter</p> <p>22 Akron_000004036. That will be Defendants'</p> <p>23 Exhibit 10. Like the last couple documents we</p> <p>24 looked at, this was a spreadsheet that was</p> <p>25 printed out; however, for this one, this is the</p>

<p style="text-align: right;">Page 154</p> <p>1 complete spreadsheet. It was three columns. 2 The title of the document that's on there, and 3 also I believe, according to the metadata, is 4 "Akron Opiate Incidents Between July 10th, 2010 5 and June 2nd, 2018." 6 Do you recognize this document? 7 A. I do not. 8 Q. Also, according to the metadata, its 9 author is Chris Karakis. You know Mr. Karakis, 10 correct? 11 A. I do. 12 Q. You did not -- did you help 13 Mr. Karakis create or collect this data? 14 A. Not to my knowledge. 15 Q. Do you know how he would have 16 identified all of these as opiate incidents? 17 MS. FLOWERS: Object to the form. 18 Lack of foundation. 19 A. I do not know. 20 Q. If you were asked to identify every 21 opiate incident that Akron Fire responded to 22 during this time period of this document, how 23 would you go about doing that? 24 MS. FLOWERS: Object to the form. 25 A. I'd get on the phone and call Joe</p>	<p style="text-align: right;">Page 156</p> <p>1 Q. Who would have filled this out, EMS 2 personnel or fire personnel? 3 A. Is it all right if I finish reading 4 it? 5 Q. Sure. I'm sorry. Please. Take 6 your time. 7 A. Okay. I'm sorry. What was the 8 question? 9 Q. Who would have filled this document 10 out, EMS personnel or fire personnel? 11 A. Our patient care reports are only 12 filled out by our paramedics. 13 Q. And I think you said earlier if -- 14 if somebody from fire had to respond to this, 15 they would have had a different report to fill 16 out? 17 A. That is correct. There is still a 18 fire report, an incident report, associated with 19 this call. 20 Q. What's the title of that document? 21 A. That would be all the AFIRS reports, 22 all the AFIRS data that we produced. 23 Q. Okay. So there's AFIRS data. Is 24 there a hard copy, a report that is input into 25 the AFIRS database?</p>
<p style="text-align: right;">Page 155</p> <p>1 Natko and say, "Hey, guys, start working on all 2 these opioid calls and let me know." 3 Q. But you don't know how they would go 4 about collecting this information? 5 MS. FLOWERS: Objection. 6 A. I did not get into the specifics of 7 how this information was collected. 8 Q. This will be Exhibit 11. It's Bates 9 stamped Akron_000300387. 10 - - - - - 11 (Thereupon, Twigg Deposition Exhibit 12 11, Patient Care Report, dated July 13 28, 2016, Bates Numbered 14 AKRON_000300387, was marked for 15 purposes of identification.) 16 - - - - - 17 Q. Do you recognize this document? 18 A. I recognize the generic document, 19 not the specific document. 20 Q. What is the generic document? 21 A. It's a patient care report. 22 Q. And I think you agreed earlier that 23 these are also referred to as run reports; is 24 that right? 25 A. That is correct.</p>	<p style="text-align: right;">Page 157</p> <p>1 A. There is not a paper copy of a 2 report similar to this. The fire report is 3 entered into the computer directly. 4 Q. Okay. Is the fire report entered 5 into the computer directly through the -- what I 6 understand is the ESO system? 7 A. The -- 8 Q. We can strike that. Let me ask this 9 a different way. 10 Has that always been the case that 11 the fire reports are entered directly into the 12 computer? 13 A. Well, I mean, going back, to say 14 always would not be accurate. We started in 15 1860. So, in my career, the fire reports have 16 been entered into the system since the early 17 '90s to my recollection. 18 Q. So let's start in the early '90s. 19 Fire personnel go on a call. They -- they 20 collect certain information. Where does that 21 information go? 22 MS. FLOWERS: Objection. Scope. 23 A. Fire departments are required by 24 state law to report all of our activities, and 25 there's a National Fire Incident Reporting</p>

<p style="text-align: right;">Page 158</p> <p>1 System called NFIRS, and our response 2 information is entered into NFIRS in some way, 3 shape or form over the length of my career. So 4 at some point in the mid '90s the system then 5 was called Wintegrate. You would type in the 6 run information into Wintegrate, which was then 7 transferred to the national database. And then 8 at some point after that we used a program 9 called HTE. And then after that we developed a 10 home software called AFIRS, and we still use 11 that to this day. So those are the systems that 12 have been used to report our response data to 13 the national NFIRS database. 14 Q. Okay. So looking at the AFIRS time 15 period, the information that somebody from the 16 fire department, fire personnel, puts into the 17 AFIRS database, is that hand-recorded anywhere 18 first before it's put into the database? 19 A. For fire reports? 20 Q. For fire reports. 21 A. No, sir. 22 Q. The fire personnel retain this 23 information in their head and go back to the 24 computer, and then -- after the run, and put the 25 information into the system?</p>	<p style="text-align: right;">Page 160</p> <p>1 Incident Reporting System, which was the 2 proprietary software system that was created 3 in-house to report our fire data to the national 4 and our EMS data to the state. 5 Q. Backing up a second, we were talking 6 about when a call comes in, whether just an 7 ambulance goes or whether an ambulance and a 8 fire truck or fire apparatus go to the call, and 9 in your example it was -- I'm sorry. It was, I 10 think, somebody at church having chest pains. 11 Is that right? 12 A. I used -- an elderly person in full 13 arrest was the example I used. 14 Q. Okay. So in your example where a 15 two-unit -- or a two-person EMS unit responds 16 and a fire truck, what would the fire personnel 17 record after such an incident? 18 A. The fire person would record very 19 minimal information, which is basically that 20 they were on a med assist, is what they call it, 21 so they would have no specific data usually 22 beyond that. 23 Q. Can you think of a situation where 24 they would record more than just med assist? 25 A. No. The code for a fire truck going</p>
<p style="text-align: right;">Page 159</p> <p>1 MS. FLOWERS: Object to the form. 2 Lack of foundation. 3 A. That's an accurate description. 4 Q. What information are the fire 5 personnel inputting into AFIRS? 6 MS. FLOWERS: Objection. 7 A. The NFIRS system has specific data 8 fields that they request. A classic example is 9 address, type of structure, these type things. 10 Those are required for all fire-only calls. 11 They're not required for EMS calls. So on a 12 fire call, an officer goes out, goes to the 13 call. Somebody is locked out of their house. 14 They let them in. They go back to the station. 15 They fill out the information on the computer 16 about the call. 17 Q. You've mentioned two different 18 databases here that sound real similar to me, 19 AFIRS and NFIRS? 20 A. Yes, sir. 21 Q. What's the difference between those 22 two databases? 23 A. NFIRS is the required database. I 24 believe it's administered by the National Fire 25 Administration. AFIRS is the Akron Fire</p>	<p style="text-align: right;">Page 161</p> <p>1 to help a med unit is a manpower assist, med 2 assist. That's pretty much the extent of what's 3 required of them, because they -- the rest of 4 the data is on the EMS report. 5 Q. Would somebody from the fire 6 personnel ever dispense medication? 7 A. There is the potential now in recent 8 years for a fire apparatus to administer Narcan 9 because we've installed Narcan on all of our 10 fire apparatus in response to the epidemic; 11 however, that would still be recorded on the EMS 12 report, not the fire report. 13 Q. Is there a separate place where the 14 fire personnel would record that dispensation of 15 Narcan? 16 MS. FLOWERS: Objection. 17 A. I do not have personal knowledge of 18 our officers recording Narcan administration on 19 a fire report in any way. 20 Q. Looking back at this exhibit that 21 you have in front of you, in the top right-hand 22 corner it says, "Run Number." Do you see that? 23 A. Yes, sir. 24 Q. What is a run number? 25 A. That's the incident number for the</p>

<p style="text-align: right;">Page 162</p> <p>1 call they went on. They're assigned numerically 2 from January 1 till 12-31, so the first call of 3 the year is 1600001. 4 Q. Looking back at the previous 5 document, Mr. Karakis' list of opiate incidents, 6 can you turn to page 41 in that exhibit? Do you 7 see about, I guess, three-quarters of the way 8 down the page, there's an incident number 9 1625042? Do you see that? 10 A. I do. 11 Q. And the title of that column where 12 that number is is "Incident." Is it referencing 13 the incident described in the incident report in 14 Exhibit 11? 15 MS. FLOWERS: I'm sorry, counselor. 16 Which page are you on? 17 MR. CAREY: Yes. Sure. So it's 18 page 41 and it's about three-quarters of the way 19 down the page, so maybe ten -- ten up from the 20 bottom. 21 MS. FLOWERS: Thank you. Okay. 22 MR. CAREY: And the incident number 23 is 1625042. 24 MS. FLOWERS: Do you see it? 25 THE WITNESS: I do.</p>	<p style="text-align: right;">Page 164</p> <p>1 Do you see that? 2 A. I do. 3 Q. It says Remeron and Buspar. 4 A. I see that. 5 Q. Do you know what those drugs are? 6 A. I do not. 7 Q. Do you know if they're opioids? 8 A. I do not. 9 Q. Do you see anything on this run 10 report that would make you think this was an 11 opioid incident? 12 A. I'm no longer a paramedic, and to be 13 honest, I wouldn't feel appropriate to evaluate 14 this information and say whether or not there's 15 opiates involved. 16 Q. Part of your job is overseeing the 17 EMS bureau; is that correct? 18 A. I manage the EMS -- I manage the 19 manager of the EMS bureau, correct. 20 Q. But -- so does that mean you don't 21 have any -- you just manage the manager, you 22 don't have any oversight of the actual bureau 23 itself other than the manager? 24 MS. FLOWERS: Object to the form. 25 Lack of foundation.</p>
<p style="text-align: right;">Page 163</p> <p>1 Q. So my question, is Exhibit 11, the 2 run report -- does this report correspond to the 3 incident here that's listed in this document 4 titled "Opiate Incidents Between July 10th, 2010 5 and June 2nd, 2018"? 6 A. The incident number, the address and 7 the date match, so to the best that I can tell, 8 it would be referencing that, yes. 9 Q. Now, looking at the actual run 10 report, if you go about halfway down the page on 11 the right-hand side, it says, "Impression." Do 12 you see that? 13 A. I do. 14 Q. What is generally filled out in that 15 field? 16 A. That's just what it says, the 17 impression. 18 Q. Whose impression is it that's put 19 into that field? 20 A. The medic's impression. 21 Q. Do you know what R/O means? 22 A. Traditionally that says -- that 23 means rule out. 24 Q. Okay. And if you look up kind of in 25 the middle of the top, it says, "Current Meds."</p>	<p style="text-align: right;">Page 165</p> <p>1 A. I manage the people that are 2 involved in the EMS bureau. I manage the 3 direction and have input into the direction of 4 the EMS bureau, but we have a quality assurance 5 coordinator, we have a medical director that's a 6 physician, and we have a bureau manager that's 7 still a medic, and they are involved in the 8 oversight of the actual medical calls 9 themselves. 10 Q. So I'll represent to you that I 11 looked up what Remeron and Buspar are and 12 they're anti-anxiety and anti-depressant drugs. 13 And then -- so "Patient History" here in the 14 middle of the page, do you see that? 15 A. I do. 16 Q. So I'm going to try to read this and 17 see if I can get some of the shorthand right. 18 Family states patient was running around outside 19 naked and is now in the apartment not making 20 sense. Patient was trashing the apartment, 21 refused to let EMS in, EMS forced entry. I'm 22 not sure what -- walked patient to cot, I 23 believe. Patient stumbled on stairs and went 24 down on one knee, but fell. Was checked by 25 medic. Patient stated started new higher -- I'm</p>

<p style="text-align: right;">Page 166</p> <p>1 assuming the up arrow means higher, but it just 2 says new up arrow dose of Buspar, Remeron today. 3 Does that sound like an opioid incident to you 4 -- 5 MS. FLOWERS: Object to the form. 6 Q. -- or an opioid overdose? Does that 7 sound like an opioid overdose to you? 8 A. I've already -- I will answer again 9 that not having been there at this call back in 10 2016 and not knowing any of the further details 11 nor the specifics of the meds, I would not 12 presume to say whether or not I think this is an 13 opioid call or not. 14 Q. A little further down the page under 15 "Medication," it says Narcan. Do you see that? 16 A. I do. 17 Q. Does that mean that Narcan was 18 dispensed? 19 A. It does. 20 Q. Would you be concerned if Narcan was 21 being dispensed to patients who did not need it? 22 MS. FLOWERS: Object to the form. 23 A. My understanding of our protocols is 24 that Narcan is administered when the cause of 25 the overdose is uncertain or undetermined, so</p>	<p style="text-align: right;">Page 168</p> <p>1 with caution at all times and always go the more 2 conservative route. 3 Q. What are some of the indications 4 that somebody is suffering from an opioid 5 overdose? 6 A. In its most extreme form, lack of 7 breathing, unconsciousness, pinpointed pupils 8 are common, things along those natures. 9 THE VIDEOGRAPHER: Can I change the 10 tape? 11 MR. CAREY: Sure. 12 THE VIDEOGRAPHER: Thank you. We're 13 off the record, 2:30. 14 (Recess had.) 15 THE VIDEOGRAPHER: We're back on the 16 record, 2:43. 17 BY MR. TWIGG: 18 Q. Chief Twigg, welcome back. 19 A. Thank you. 20 Q. Okay. Looking back at Exhibit 11, 21 the run number or incident number in the upper 22 right-hand corner, would that number, if the 23 fire report -- I'm sorry. Let me rephrase. 24 If a fire truck responded to this 25 call as well -- this is a hypothetical. If a</p>
<p style="text-align: right;">Page 167</p> <p>1 from my understanding of our system and the use 2 of Narcan, and this comes from the training we 3 received when we put it on the fire trucks and 4 the APD cruisers, is that there would not be any 5 significant risk to patients should they receive 6 Narcan and, in your terms, not need it. 7 Q. Do patients who are suffering from 8 opiate overdoses generally refuse entry to EMS 9 personnel? 10 MS. FLOWERS: Object to the form. 11 Lack of foundation. 12 A. I'm not understanding your question. 13 I apologize. 14 Q. I'm just wondering. It says, 15 "Patient refused to let EMS in." Does that 16 sound like to you -- I understand you weren't 17 there, but to you, reading that line, does that 18 sound like somebody who was suffering from an 19 overdose? 20 MS. FLOWERS: Same objection. 21 A. After 26 years in this job, I've 22 learned to not make assumptions about what 23 somebody is on or doing or their circumstances 24 based on their behavior. It's simply impossible 25 to make broad-based assumptions, so we proceed</p>	<p style="text-align: right;">Page 169</p> <p>1 fire truck had responded to this call and 2 entered information into the AFIRS database 3 about this call, would they use the same run 4 number? 5 A. They do. 6 Q. They do, okay. And is that run or 7 incident number available in the CAD database as 8 well? 9 A. It's one number for -- each incident 10 only has one number. 11 Q. Is there a separate CAD number that 12 identifies each separate incident? 13 A. Not to my knowledge. 14 Q. You can set that one aside. 15 - - - - - 16 (Thereupon, Twigg Deposition Exhibit 17 12, Patient Care Report Bates 18 Numbered Akron_000300426, was marked 19 for purposes of identification.) 20 - - - - - 21 I'm handing to the court reporter 22 what's going to be Defendants' 12. It's 23 Akron_000300426. You can take a second to 24 review this one also. 25 Do you see the run number or</p>

<p style="text-align: right;">Page 170</p> <p>1 incident number in the upper right-hand corner 2 again? 3 A. I do. 4 Q. It looks like there's a B, at the 5 end -- as in boy, at the end of this one. Do 6 you see that? 7 A. I do. 8 Q. Can you explain why that's there? 9 A. I believe that would indicate there 10 was more than one patient. 11 Q. So it's possible there could be a 12 1625401A? 13 A. I believe our practice is to not put 14 a letter on the first one and then you put 15 letters on the second ones. It's been a while. 16 Q. Okay. So this would be the third 17 patient? 18 A. No. I believe this would be a 19 second patient. I don't know for a fact that we 20 put A on the first patient is what I'm saying. 21 Q. Okay. And then it proceeds from 22 there; if there's a third patient, that would be 23 C? 24 A. That's accurate. When we have a car 25 accident with multiple people in the same</p>	<p style="text-align: right;">Page 172</p> <p>1 Chief Twigg, will you tell me the 2 different -- everything the fire division has 3 done to respond to the opioid epidemic? 4 A. Well, in the first sense what we do 5 is we respond to the calls, and that's our 6 greatest involvement in this epidemic is to 7 respond to the 911 calls for service that 8 involve overdoses. 9 In addition to that, we have 10 instituted some new policies and procedures, and 11 as well as adjusted manpower to make up for the 12 increased call volume. 13 Q. Let's start with the new policies 14 and procedures. What are you referring to 15 there? 16 A. Well, for example, for the first 17 time we began carrying Narcan on all the fire 18 apparatus, so now all of the response apparatus 19 on the Akron Fire Department have Narcan 20 available to them. 21 In addition, we developed a quick 22 response team, and this isn't in any 23 chronological order. 24 Q. That's okay. 25 A. Which -- it's a team of a medic, a</p>
<p style="text-align: right;">Page 171</p> <p>1 vehicle, we designate them by letters with the 2 same incident number. 3 Q. Just real quick then, I guess, 4 turning back to Exhibit 9, the list of opiate 5 incidences, and we're going to be on the same 6 page that we looked at a little bit ago, page 7 41. About the middle of the page on page 41, 8 there's an incident number on the left, 1625401. 9 I don't see an A or a B or a C designation 10 there. It's just the numbers. And I would also 11 note that the address appears to be different 12 than it is in that -- the listing of that 13 incident from what is listed here in this run 14 report. 15 Do you see that? 16 A. I see what you're saying, yes. 17 Q. So, in your estimation, this is not 18 the hard copy run report for the incident that 19 is referenced here in Exhibit 9, the opiate 20 incident report? 21 MS. FLOWERS: Objection. Lack of 22 foundation. 23 A. I just can't say either way. 24 Q. Okay. You can put those to the 25 side.</p>	<p style="text-align: right;">Page 173</p> <p>1 police officer and an addiction specialist visit 2 individuals that have recently overdosed in an 3 attempt to hook them up with recovery resources. 4 Very early on, in the increased call 5 volume in the epidemic, if you will, we began 6 sharing resource lists with patients and family 7 members at calls, trying to make a patient aware 8 of what recovery resources were available to 9 them. And we've done that in a couple different 10 iterations. 11 We have instituted a new response 12 vehicle called an alternative response vehicle, 13 and that is in response to the call volume 14 increase that we've seen. And while that 15 specific unit doesn't necessarily respond to 16 opiate calls, the reasoning behind it was we 17 needed to figure out how to keep our regular med 18 units available more often to respond to the 19 serious calls. So we've created this rig that 20 responds to some of the low acuity calls that we 21 would normally send the closest med unit to, so 22 instead we started sending this non-emergency 23 ambulance, is the best way to think of it, to 24 those calls, thus keeping the regular med unit 25 available for a higher acuity call.</p>

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1 And then, additionally, we changed
 2 our manpower to de-combo more rigs, again in
 3 response to keeping more med units in service on
 4 a regular basis.
 5 And then I would say, not lastly,
 6 but additionally, we've spent a lot of different
 7 time speaking to people, speaking to public
 8 groups, high schools, trying to use our staff to
 9 do as much public education as possible
 10 regarding the opioid crisis and how to avoid
 11 starting down that path.
 12 Q. When you say "adjusted manpower to
 13 de-combo," can you explain what that means to
 14 me?
 15 A. We established earlier that when
 16 you're at a fire station, the potential to go on
 17 a med unit or a fire truck exists for our
 18 personnel. That gives us the ability to staff a
 19 fire station with a med unit and a fire
 20 apparatus with only four people, sometimes even
 21 only three, and then whichever call comes in,
 22 all three of those people will go on that call.
 23 And we call that a combo'd station. So when the
 24 med unit is on a call, that means there's nobody
 25 left to go on the fire truck. When the fire

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1 truck is on the call, there's nobody left to go
 2 on the med unit. If we increase the staffing at
 3 that station, we can then staff those rigs
 4 individually and then they'll both be available
 5 regardless of which one is on a call. And we
 6 call that de-combo'ing a station. In order to
 7 do that, you need additional manpower, so we
 8 started hiring overtime at an earlier number, if
 9 you will, to de-combo more rigs to increase
 10 coverage for the med units.
 11 Q. You mentioned the QRT or quick
 12 response team. Do you partake in that?
 13 A. What do you mean by partake?
 14 Q. Are you a member of the quick
 15 response team?
 16 A. I am not a member of the quick
 17 response team.
 18 Q. Have you ever gone on -- I don't
 19 know what you call them. What do they call it
 20 when they visit somebody, a call?
 21 A. I think they use the term "visits."
 22 Q. Visits. Have you ever gone on a
 23 visit with the quick response team?
 24 A. No, I have not gone on a specific
 25 visit.

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1 Q. Do you know how the quick response
 2 team is funded?
 3 A. Originally, we were absorbing the
 4 cost -- our costs of manpower, and I believe
 5 Summit County ADM provided a person, and then
 6 the police department provided a person, all at
 7 our own expense.
 8 Q. What costs were those -- would those
 9 have been that you were covering in the
 10 beginning?
 11 MS. FLOWERS: Object to the form.
 12 A. I believe we provide the vehicle,
 13 gasoline, maintenance, those type things, and
 14 then the manpower hours, and then I believe we
 15 are providing, you know, administrative support
 16 to -- documents, paper, and then we have some
 17 administrative time involved in tracking our
 18 visits, arranging for the next round of visits.
 19 Those would be some examples of costs incurred.
 20 Q. So as far as the fire division
 21 personnel that are involved in the quick
 22 response teams, they are not volunteering?
 23 MS. FLOWERS: Object to the form.
 24 A. The members of the QRT team for the
 25 fire department volunteered for -- to be part of

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1 the team, but they are not volunteering their
 2 time.
 3 Q. They're doing it as part of a shift,
 4 as part of their fire division shift?
 5 A. We've done it both ways. We've done
 6 it as part of their shift. So we have taken
 7 away their resources from the line and
 8 redirected them towards this epidemic-related
 9 response, and then other times we've done it on
 10 overtime.
 11 Q. You mentioned a number of times
 12 increased call volumes. Can you describe or
 13 list all of the reasons for increased call
 14 volumes?
 15 A. In what context? I don't understand
 16 the question.
 17 Q. I think you said, and I can go back
 18 and look, but the alternative response vehicle
 19 was brought about in part to increased call
 20 volumes. You've had to adjust manpower in
 21 response to increased call volumes. I'm just
 22 wondering what the -- if you could name all of
 23 the reasons that are causing increased call
 24 volumes in Akron.
 25 MS. FLOWERS: Object to the form and

<p style="text-align: right;">Page 178</p> <p>1 to the characterization of the testimony.</p> <p>2 A. We have experienced slowly</p> <p>3 increasing call volumes for many years at EMS.</p> <p>4 We anticipate and plan on there being a slow and</p> <p>5 gradual increase in the amount of resources that</p> <p>6 are required.</p> <p>7 During my career, the overall number</p> <p>8 that -- of calls that we respond to has grown</p> <p>9 from, I think it was, the low 30s, when I</p> <p>10 started, 32, 33,000, and last year we topped</p> <p>11 50,000 for the first time. That's been a slow</p> <p>12 gradual march over a period of time. But when</p> <p>13 I'm, in this context, referring to the increased</p> <p>14 call volume, what we experienced starting back</p> <p>15 in '15 and '16 was a more noticeable spike in</p> <p>16 calls that really shot up in the middle of '16</p> <p>17 and after, where we noticed dramatically the</p> <p>18 number of OD-related calls impacting the</p> <p>19 availability of our resources.</p> <p>20 Q. I think you mentioned that one of</p> <p>21 the changes in policies in response to the</p> <p>22 opioid epidemic was that fire department</p> <p>23 vehicles other than ambulances started carrying</p> <p>24 Narcan; is that right?</p> <p>25 A. Yes, sir.</p>	<p style="text-align: right;">Page 180</p> <p>1 that description doesn't come to bear and we'll</p> <p>2 end up replacing it through our storeroom.</p> <p>3 Q. What about police vehicles? My</p> <p>4 understanding is that police vehicles in Akron</p> <p>5 also carry Narcan. Is that right?</p> <p>6 A. That is correct that cruisers carry</p> <p>7 Narcan.</p> <p>8 Q. Who pays for the Narcan that the</p> <p>9 cruisers are carrying?</p> <p>10 A. I was not involved in that</p> <p>11 particular purchase. I was not involved in that</p> <p>12 particular purchase.</p> <p>13 Q. Do they also do -- sorry. Do police</p> <p>14 officers who dispense the Narcan from the</p> <p>15 cruiser, do they also exchange the used Narcan</p> <p>16 at the hospital for new Narcan?</p> <p>17 MS. FLOWERS: Objection. Lack of</p> <p>18 foundation.</p> <p>19 A. I don't know their process for</p> <p>20 replacing it.</p> <p>21 Q. If a police cruiser responds to a</p> <p>22 call and uses Narcan, will there necessarily</p> <p>23 also be EMS personnel that are dispatched to</p> <p>24 that scene?</p> <p>25 MS. FLOWERS: Object to the form.</p>
<p style="text-align: right;">Page 179</p> <p>1 Q. Was that in 2016; do you remember?</p> <p>2 A. I believe that it was.</p> <p>3 Q. Who pays for the Narcan that is put</p> <p>4 onto -- scratch that.</p> <p>5 Who pays for the Narcan that the</p> <p>6 fire trucks carry?</p> <p>7 A. I think that we either pay -- I</p> <p>8 think we might have bought the first round of</p> <p>9 everything to get it onto the trucks.</p> <p>10 Q. Only the first round?</p> <p>11 A. Yes. We exchange or get our -- all</p> <p>12 of our drugs replaced.</p> <p>13 Q. By whom?</p> <p>14 A. The hospitals exchange them for us</p> <p>15 or replace them for us when we use them.</p> <p>16 Q. So do I have this right then that</p> <p>17 if -- if the Narcan that was stored on a fire</p> <p>18 truck is dispensed, that it's replaced with</p> <p>19 Narcan from a hospital?</p> <p>20 A. Under normal circumstances, in a</p> <p>21 roundabout way, yes, you will take the Narcan</p> <p>22 off the med unit and give it to the fire</p> <p>23 apparatus. The fire -- the med unit will then</p> <p>24 get it replaced at the hospital. There are</p> <p>25 times where, for whatever unforeseen reason,</p>	<p style="text-align: right;">Page 181</p> <p>1 A. As in former questions, I would say</p> <p>2 that I can't guarantee that every single time</p> <p>3 that happens, but that's the way it's supposed</p> <p>4 to work.</p> <p>5 Q. Do you remember if there was a</p> <p>6 revision to the Narcan protocol regarding</p> <p>7 increased dosages of Narcan, or allowing</p> <p>8 paramedics to dispense increased dosages of</p> <p>9 Narcan?</p> <p>10 A. I remember there was an adjustment</p> <p>11 to the protocol. I do not know the specific</p> <p>12 details of that adjustment.</p> <p>13 Q. Who would know that, Dr. Gradisek?</p> <p>14 Is that it?</p> <p>15 A. If I'm recalling correctly, he would</p> <p>16 have been the person that gave the green light</p> <p>17 for that change.</p> <p>18 Q. What about the Summit County Opiate</p> <p>19 Task Force; have you ever heard of that?</p> <p>20 A. I have.</p> <p>21 Q. Do you have any duties or</p> <p>22 responsibilities with the task force?</p> <p>23 A. I do not, but I know I've attended</p> <p>24 at least one or two of their meetings in the</p> <p>25 past.</p>

<p style="text-align: right;">Page 182</p> <p>1 Q. Do you remember when that was?</p> <p>2 A. Not specifically.</p> <p>3 Q. How is the fire division's budget</p> <p>4 created?</p> <p>5 A. The City of Akron has a finance</p> <p>6 department and an office of audit and budget as</p> <p>7 well underneath that finance department. The</p> <p>8 fire department works in conjunction with those</p> <p>9 offices to create an annual budget.</p> <p>10 Q. Is it specifically that the fire</p> <p>11 division's accounting and services bureau works</p> <p>12 with the financial department to help create the</p> <p>13 budget?</p> <p>14 A. That's the most direct relationship</p> <p>15 on that subject, yes.</p> <p>16 Q. Did you help work on budgets during</p> <p>17 your time as the head of the accounting and</p> <p>18 services bureau?</p> <p>19 A. I did.</p> <p>20 Q. Is there a formal budget approval</p> <p>21 process?</p> <p>22 A. There is.</p> <p>23 Q. Can you explain that to me?</p> <p>24 A. The general idea is that the finance</p> <p>25 office creates the formal budget, with input</p>	<p style="text-align: right;">Page 184</p> <p>1 specific equipment, you know, capital in nature,</p> <p>2 that the city just doesn't have the funds for.</p> <p>3 Q. Any other examples you can think of?</p> <p>4 A. I think there's times where we've,</p> <p>5 based on last year's expenditures, made</p> <p>6 recommendations on items like travel or training</p> <p>7 in the operating budget that would have been cut</p> <p>8 down to a lower level than what we would have</p> <p>9 requested.</p> <p>10 Q. I'm sorry. Is that a situation</p> <p>11 where the fire division is actually saying we</p> <p>12 can spend less next year, this is what we would</p> <p>13 cut?</p> <p>14 MS. FLOWERS: Object to the form.</p> <p>15 Q. Sorry. I'm not sure I understood</p> <p>16 what you were saying.</p> <p>17 A. I believed your question to be has</p> <p>18 there ever been a time where we received less</p> <p>19 than we asked for, and I gave you a couple</p> <p>20 examples of times that I can recall where we</p> <p>21 made a recommendation or a request and received</p> <p>22 less than what that request was.</p> <p>23 Q. I'm just trying to understand. The</p> <p>24 one example you gave was you said I think</p> <p>25 there's times when we've, based on last year's</p>
<p style="text-align: right;">Page 183</p> <p>1 from the individual departments and divisions,</p> <p>2 and then eventually it is submitted to council</p> <p>3 and approved.</p> <p>4 Q. Is that city council?</p> <p>5 A. Yes, sir.</p> <p>6 Q. So they have -- does city council</p> <p>7 have final approval on the budget process then?</p> <p>8 A. That is my understanding, yes.</p> <p>9 Q. Is the fire division -- during your</p> <p>10 time that you worked on those budgets, did the</p> <p>11 fire division ever receive less in budget funds</p> <p>12 than it had asked for?</p> <p>13 A. I couldn't hear you. Could you say</p> <p>14 it again?</p> <p>15 Q. Sure.</p> <p>16 So during the time that you worked</p> <p>17 in the accounting and services bureau, did the</p> <p>18 fire division ever receive less in budget funds</p> <p>19 than it had asked for?</p> <p>20 A. I believe so, yes.</p> <p>21 Q. Can you describe any of those</p> <p>22 situations?</p> <p>23 A. The most clear cut example would be</p> <p>24 on the capital side of the budget, where we put</p> <p>25 in a request for X number of vehicles or</p>	<p style="text-align: right;">Page 185</p> <p>1 expenditures, made recommendations on items like</p> <p>2 travel or training in the budget that would have</p> <p>3 been down to a lower level than we would have</p> <p>4 requested. I'm just trying to understand what</p> <p>5 you meant by that. Can you try to explain that</p> <p>6 to me?</p> <p>7 MS. FLOWERS: Object to the form of</p> <p>8 the question and the characterization of the</p> <p>9 testimony.</p> <p>10 A. What I was trying to explain was</p> <p>11 when we review last year's budget in preparation</p> <p>12 for the request for next year, for example, we</p> <p>13 would say, oh, we spent \$5,000 on training</p> <p>14 outside of the department and next year we would</p> <p>15 like to spend a little bit more than that. And</p> <p>16 we put that in our request for the operating</p> <p>17 budget. And then when the budget comes back,</p> <p>18 that number that we asked for ends up being</p> <p>19 lower than what we asked for. So I -- that's</p> <p>20 what I was trying to explain.</p> <p>21 Q. Who has primary responsibility for</p> <p>22 managing the expenditures against the budget in</p> <p>23 the fire division?</p> <p>24 A. Could you help me understand what</p> <p>25 you mean by "managing the expenditures"?</p>

<p style="text-align: right;">Page 186</p> <p>1 Q. Sure.</p> <p>2 So is there somebody in charge of</p> <p>3 making sure that the fire department doesn't</p> <p>4 spend too much money or doesn't go over its</p> <p>5 budget?</p> <p>6 A. There's structural controls in place</p> <p>7 in the sense that if a specific fund doesn't</p> <p>8 have enough money in it, it will come back NSF</p> <p>9 when we go to put a requisition in. So, in</p> <p>10 simple terms, if we asked for 500 widgets and we</p> <p>11 just don't have that much money, the requisition</p> <p>12 system will let us know that to be the case. If</p> <p>13 you're looking for a specific person that tracks</p> <p>14 that mostly, that would be the accounting and</p> <p>15 services bureau manager.</p> <p>16 Q. Sorry. What does NSF mean?</p> <p>17 A. Non-sufficient funds.</p> <p>18 Q. What's the name of the requisition</p> <p>19 system that you just referenced?</p> <p>20 A. Banner.</p> <p>21 Q. Is that a city-wide program that is</p> <p>22 used?</p> <p>23 A. It is.</p> <p>24 Q. Does the fire division have its own</p> <p>25 separate budget software or it just uses Banner?</p>	<p style="text-align: right;">Page 188</p> <p>1 says, "Administration Subdivision," and then,</p> <p>2 underneath that, "Charles Twigg, Deputy Chief"?</p> <p>3 A. Yes, sir.</p> <p>4 Q. So I assume you were deputy chief</p> <p>5 when this document came out; is that correct?</p> <p>6 A. Yes, sir.</p> <p>7 Q. Were you involved in creating this</p> <p>8 budget?</p> <p>9 A. Not specifically.</p> <p>10 Q. When you say "not specifically,"</p> <p>11 were there unspecific ways you were involved in</p> <p>12 it or -- what do you mean by that?</p> <p>13 A. The accounting and services bureau</p> <p>14 manager has the main responsibility for</p> <p>15 interacting with the finance office in helping</p> <p>16 to prepare this. There are times where, as that</p> <p>17 deadline becomes closer, we'll sit down and the</p> <p>18 accounting and services bureau manager will show</p> <p>19 me and/or the rest of the senior leadership team</p> <p>20 what they're working on, and we may or may not</p> <p>21 make -- recommend changes for add a little bit</p> <p>22 here, take a little bit from there.</p> <p>23 Q. If you would turn to page 169. The</p> <p>24 third paragraph down starts with, "The</p> <p>25 department." Do you see that?</p>
<p style="text-align: right;">Page 187</p> <p>1 A. Banner.</p> <p>2 - - - - -</p> <p>3 (Thereupon, Twigg Deposition Exhibit</p> <p>4 13, 2017 Budget Plan, City of Akron,</p> <p>5 Ohio, Beginning Bates Number</p> <p>6 AKRON_000003228, was marked for</p> <p>7 purposes of identification.)</p> <p>8 - - - - -</p> <p>9 Q. I'm going to hand you what's being</p> <p>10 marked as Defendants' Exhibit 13. It's Bates</p> <p>11 stamped Akron_000003228. I apologize. I got to</p> <p>12 give you the full copy. And it's the 2017</p> <p>13 budget plan. So it's a big document. I just</p> <p>14 have excerpts for counsel.</p> <p>15 MS. FLOWERS: Is this 13?</p> <p>16 MR. CAREY: Yes.</p> <p>17 Q. Chief Twigg, do you recognize this</p> <p>18 document?</p> <p>19 A. I do.</p> <p>20 Q. What is it?</p> <p>21 A. It's the City of Akron budget for</p> <p>22 2017.</p> <p>23 Q. Sorry. I know it's going to be</p> <p>24 unwieldy to flip through, but would you turn to</p> <p>25 page 167? So in the middle of this page it</p>	<p style="text-align: right;">Page 189</p> <p>1 A. I do.</p> <p>2 Q. And it says, "The department was</p> <p>3 awarded by the U.S. Department of Homeland</p> <p>4 Security Federal Emergency Management Agency</p> <p>5 with a 4.4 million dollar staffing for adequate</p> <p>6 fire and emergency response grants." What can</p> <p>7 you tell me about that?</p> <p>8 A. That's a subsection of the</p> <p>9 Assistance to Firefighters Grant. That's</p> <p>10 available through the Department of Homeland</p> <p>11 Security.</p> <p>12 Q. Right below it here -- so right</p> <p>13 below it here, it says, "This will allow the</p> <p>14 department to hire 25 new firefighters in 2017."</p> <p>15 Is that correct?</p> <p>16 MS. FLOWERS: Object to the form of</p> <p>17 the question. Lack of foundation.</p> <p>18 A. That's what it says. I'm trying to</p> <p>19 think of the time frame. So yes. That -- the</p> <p>20 first of the SAFER employees were hired in the</p> <p>21 beginning of '17.</p> <p>22 Q. And their full salaries were paid</p> <p>23 from the SAFER grant?</p> <p>24 MS. FLOWERS: Objection. Lack of</p> <p>25 foundation.</p>

<p style="text-align: right;">Page 190</p> <p>1 A. Base wages and benefits were covered 2 by the SAFER grant. 3 Q. Were there portions of their 4 salaries or benefits that weren't covered by the 5 SAFER grant? 6 A. My recollection is overtime for 7 those employees would not be covered. 8 Q. Do you know for how many years of 9 their employment the SAFER grant -- do you know 10 for how long the SAFER grant was going to pay 11 for these 25 new firefighter salaries? 12 A. I do. 13 Q. For how long? 14 A. Two years. 15 Q. Prior to the SAFER grant in 2017 -- 16 let me rephrase. 17 Was this the first time Akron Fire 18 received a SAFER grant? 19 A. No. 20 Q. Can you name all the previous times 21 the fire division received a SAFER grant? 22 A. Not from recollection I cannot. 23 Q. Can you ballpark how many times? 24 A. I think it was three times. 25 Q. Do you happen to remember the</p>	<p style="text-align: right;">Page 192</p> <p>1 of my head. Some of them might have gone past 2 that record retention policy period. 3 Q. What is the H drive that you just 4 mentioned? 5 A. That's one of the computer drives. 6 You know, a C drive is the actual physical drive 7 on a computer. The H drive is a server that the 8 city maintains. We keep the fire department 9 records on it. 10 Q. Is the H drive shared by all city 11 employees? 12 A. I believe the H drive is specific to 13 either fire or fire and police. 14 Q. Are there any other folders related 15 to opioids on the H drive? 16 MS. FLOWERS: Object to form. 17 A. This folder isn't related to 18 opioids. 19 Q. Are there any folders on the H drive 20 related to opioids? 21 A. Not that I'm aware of. 22 Q. Is there any sort of spreadsheet or 23 database that would record all of the various 24 grants that AFD has received since, say, 2000? 25 A. I cannot recall a specific</p>
<p style="text-align: right;">Page 191</p> <p>1 amounts that Akron Fire received from those 2 SAFER grants those three times? 3 MS. FLOWERS: Object to the form. 4 A. I don't think I can even give you a 5 good guess on that one. Those were written by 6 Chief Ross prior to me, and he administered 7 those grants. So while I knew of them, I can't 8 recall the numbers involved. 9 Q. Who would you ask if you wanted to 10 find out that information? 11 A. Who I personally would ask? 12 Q. Yes. 13 A. I would just look it up in the grant 14 folder. 15 Q. What's the grant folder? 16 A. Just a folder in our recordkeeping 17 system that shows what the awards were in the 18 past. 19 Q. Is that an electronic folder? 20 A. We do have it on our H drive, yes. 21 Q. Do you also have a physical folder 22 of this information? 23 A. I believe there should be. I'm 24 trying to remember the record retention on the 25 grant documents, and I can't recall off the top</p>	<p style="text-align: right;">Page 193</p> <p>1 spreadsheet or database that has everything 2 recorded. 3 MR. CAREY: Let's take a quick break 4 and come back in five. 5 THE VIDEOGRAPHER: Off the record at 6 3:22. 7 (Recess had.) 8 THE VIDEOGRAPHER: We are back on 9 the record, 3:36. 10 BY MR. CAREY: 11 Q. Chief Twigg, backing up for a 12 second, you mentioned the H drive. Do you use 13 the H drive? 14 A. Yes. 15 Q. What do you use it for? 16 A. Any project that I'm working on, any 17 documents that I create or want to save, I keep 18 that in the H drive. That way I can access it 19 from any fire-related computer in the city. 20 MS. BERTKE: This is Melissa Bertke, 21 interrupting to make sure that the court 22 reporter has my appearance. 23 THE COURT REPORTER: Yes, I do. 24 Thank you. 25 Q. Do you know if the H drive was</p>

<p style="text-align: right;">Page 194</p> <p>1 searched for responsive information to produce 2 in this litigation?</p> <p>3 A. I do not know.</p> <p>4 Q. And you mentioned the grant folder 5 on the H drive. Can you describe what would be 6 kept in the grant folder?</p> <p>7 A. So over -- I believe back since 2005 8 the Assistance to Firefighter grant has existed. 9 We have applied numerous times over the years. 10 For example, in that folder we keep 11 documentation about the application and then the 12 administration of those grants. For example, we 13 keep track of what it might cost us to take that 14 grant. Not all grants are free per se. We have 15 to match a certain amount. That happens a lot. 16 You'll have a grant that you receive where you 17 have to put some of your own funds in or there 18 will be some requirements about maintaining 19 manpower. That costs us money as well. So we 20 keep track of that type stuff in there as well.</p> <p>21 Q. Is there somewhere in the budget 22 that you have in front of you where it would 23 list every grant that Akron Fire had received in 24 the year of the budget, so 2017?</p> <p>25 A. I believe that you're seeing it in</p>	<p style="text-align: right;">Page 196</p> <p>1 Q. And you used to have District Chief 2 Kaut's job, the head of bureau accounting and 3 services?</p> <p>4 A. That's correct.</p> <p>5 Q. So when you were in that position, 6 if somebody came to you then and asked you for 7 the total amount Akron Fire Department received 8 in grants for that year, how would you have 9 figured it out then?</p> <p>10 A. Depending on which grants we 11 received, you can also -- you can either -- we 12 kept a different file for each year, so you 13 would say, looking at the 2017 grant file, and I 14 would just look up all of the reimbursement 15 requests I had entered for AFG. And the other 16 way you can do it is AFG has a portal on their 17 website that tracks all of the reimbursements 18 that you request each year. That's another way 19 to do it.</p> <p>20 Q. Okay. Can you -- what does AFG 21 stand for?</p> <p>22 A. Assistance to Firefighters grant.</p> <p>23 Q. Is that just one type of grant or is 24 that -- are you using that term to refer to all 25 grants the fire division might receive?</p>
<p style="text-align: right;">Page 195</p> <p>1 front of you in that point -- that section that 2 you pointed out to me.</p> <p>3 Q. So it would just be in narrative 4 form in that section?</p> <p>5 A. In this section, yes.</p> <p>6 Q. I'm sorry. You can flip through if 7 you want a little bit. There's a few more 8 pages. So 170 through 173. There's some tables 9 and some different numbers. I'm just wondering, 10 is the grant information recorded on any of 11 these pages?</p> <p>12 A. I did not see anything indicating 13 grant funding. No, I do not see anything in 14 this report that indicates the amount of money 15 that we received in grants for 2017.</p> <p>16 Q. If somebody came to you today and 17 asked you how much money did Akron Fire 18 Department receive in grants in 2017, how would 19 you figure that out?</p> <p>20 A. I'd get a hold of Steve Kaut and 21 say, "Hey, Steve, can you figure out how much we 22 received in 2017 in grant funding," so I believe 23 he could research that information.</p> <p>24 Q. And that's K-a-u-t, Steve Kaut?</p> <p>25 A. Yes, sir.</p>	<p style="text-align: right;">Page 197</p> <p>1 A. No. That's one type of grant, but 2 it is, by far, the most beneficial and largest 3 source of grant funding that we come across by 4 far.</p> <p>5 Q. Who provides that grant money?</p> <p>6 A. That's federal grant dollars 7 provided through the Department of Homeland 8 Security that assist fire departments in several 9 different areas.</p> <p>10 Q. It seems like you answered my 11 question kind of specifically for -- and sorry 12 if I misunderstood you, but specifically for AFG 13 grant information. But during the time you were 14 a district chief of the bureau of accounting 15 services, if somebody came to you and asked you 16 for the total amount of grants, including the 17 AFG and any other grant that the fire division 18 might have received during any given year, how 19 would you have gone about calculating that?</p> <p>20 MS. FLOWERS: Objection. Asked and 21 answered.</p> <p>22 A. I'm not sure what other grants 23 you're referring to other than AFG. There's 24 only one other grant, off the top of my head, 25 that I recall us ever -- I take that back.</p>

<p style="text-align: right;">Page 198</p> <p>1 There's two other grants that are EMS related. 2 Occasionally we'll get -- there's a Northern 3 Ohio Golf Charities Foundation that will give us 4 a grant occasionally. And I say occasionally. 5 I mean once every five years or so. And then 6 there's a grant -- it's referred to as grant, 7 but it's basically seatbelt funds in the State 8 of Ohio are divvied up and handed out to first 9 responders, and it's almost kind of a formality, 10 that you apply for that and you get about \$2,500 11 a year that you can spend on some sort of 12 EMS-related function. 13 So when you say "grant," I'm 14 thinking AFG, because that's the only real money 15 out there that impacts our budget in any true 16 sense. 17 Q. Well, what about the SAFER grant 18 that we just looked at? 19 A. SAFER grant is part of the AFG 20 grant. 21 Q. It's part of the AFG grant? 22 A. Yes, sir. 23 Q. Are there any other parts of the AFG 24 grant that you receive or the division receives? 25 A. Yes. In that same section on page</p>	<p style="text-align: right;">Page 200</p> <p>1 Q. Do you see where it says, "Fire 2 Captain," and then you follow that line across? 3 A. Okay. 4 Q. Now, I'm assuming that these are 5 millions but I'm not sure. Maybe you can tell 6 me. 3 is the first number. Under 3.00 next to 7 fire captain under the 2014 heading, is that 3 8 million? 9 A. No, sir. That's three captains. 10 Q. That's three captains, okay. 11 A. So the staffing is split amongst two 12 portions of our operating budget, an EMS portion 13 and a fire portion. So if you were to add 14 together the captains up in EMS and the captains 15 down in fire, that's the number of captains we 16 had at the time. 17 Q. Do you know in 2018 how many 18 captains there are? 19 A. We have 16 captains now. 20 Q. In the EMS division is it -- do you 21 only have one captain in 2018? 22 A. I do not know the specifics of how 23 we have them split out right now. 24 Q. Why -- so next to captain in the EMS 25 section, it drops from three captains in 2015 to</p>
<p style="text-align: right;">Page 199</p> <p>1 169, it talks about 1.2 million from a separate 2 AFG program. 3 Q. Okay. So during your time at Akron 4 Fire while you've been involved in the grant 5 process, are there any other grants besides the 6 ones you've just listed that you can think of 7 the division receiving? 8 A. No, sir. 9 Q. Can you turn to page 170 of this 10 exhibit? On the left-hand side under EMS, about 11 midway through that kind of initial grouping, it 12 says, "Fire Captain." Do you see that? 13 A. I do. 14 Q. If you go over to the right, under 15 the 2014 heading, it has three -- it says three 16 under 2015 and then it drops to one under 2016 17 and one under 2017. Can you explain? Does that 18 mean that there were three fire captains in 2014 19 or is that 3 million dollars? 20 A. What page are you on, sir? 21 Q. I'm sorry. Page 170, the top left 22 there. 23 A. Oh, up in EMS? 24 Q. Yes. 25 A. Oh, okay.</p>	<p style="text-align: right;">Page 201</p> <p>1 one in 2016. Do you know why you lost two 2 captains at that time? 3 A. Will you ask the question again, 4 please? 5 Q. Yes. Sure. 6 So it says -- you know, if you 7 follow "Fire Captain" over -- and we're in the 8 EMS section still -- 9 A. Okay. 10 Q. -- it says three under 2014 and then 11 it says three under 2015 and then it goes to one 12 under 2016. Why did that number drop moving 13 from 2015 to 2016? 14 A. My recollection is if you look at 15 the total number, we had 8 and 14, 14 and 15, 17 16 and 16, and 17 and 17. The -- 17 Q. I'm sorry. Where are you? 18 A. I'm adding the number of captains at 19 EMS and the number of captains in fire together 20 for the total count of captains that we have. 21 Q. I see. Okay. 22 A. So, in reality, in '15 we had a 23 total of 14 captains and we went up to a total 24 of 17 captains in '16, so at some point in there 25 four people were hired. Most likely they were</p>

<p style="text-align: right;">Page 202</p> <p>1 replaced after retirements.</p> <p>2 Q. And why did the -- the captains</p> <p>3 within the EMS division, why did the number of</p> <p>4 captains within the EMS division go down?</p> <p>5 A. The fact that you see that three in</p> <p>6 the EMS section for the number of captains is</p> <p>7 misleading in a sense that that doesn't mean</p> <p>8 there's three captains assigned to EMS. It</p> <p>9 means there's three captains being charged to</p> <p>10 the EMS budget at that time. We, I believe in</p> <p>11 the year 2016, made some changes with the</p> <p>12 finance office to more accurately reflect where</p> <p>13 the resources are assigned. So at the time we</p> <p>14 only had one captain actually working in EMS, so</p> <p>15 we moved all the rest of them to the fire budget</p> <p>16 to more accurately reflect where they are</p> <p>17 assigned.</p> <p>18 Q. Moving down a couple lines there in</p> <p>19 that same section, "Firefighters/Medic," do you</p> <p>20 see that down on the left-hand side?</p> <p>21 A. I do.</p> <p>22 Q. And then if you follow that across</p> <p>23 the years, it goes from 48 to 41 up to 134 and</p> <p>24 then it stays at 134 for 2017. So my question</p> <p>25 is why the big jump between 2015 and 2016 in the</p>	<p style="text-align: right;">Page 204</p> <p>1 of the purchasing program or software.</p> <p>2 Q. So what -- what is recorded in the</p> <p>3 Web Focus database?</p> <p>4 A. Web Focus lists all the individual</p> <p>5 line items of the budget, plus personnel costs,</p> <p>6 benefits, and then all of the revenues as well.</p> <p>7 Q. Is a line item of the budget the EMS</p> <p>8 billings received?</p> <p>9 A. I would have to -- I don't recall</p> <p>10 the specific way in which it is recorded. I</p> <p>11 can't say for sure that it's a specific line</p> <p>12 item.</p> <p>13 Q. I don't think you actually need to</p> <p>14 pull it out, but you can if you want. Thinking</p> <p>15 back to that list of opiate incidents that we</p> <p>16 had looked at earlier, would there be a way to</p> <p>17 use the incident numbers listed in that document</p> <p>18 to figure out whether EMS had received any sort</p> <p>19 of reimbursement for responding to that</p> <p>20 incident?</p> <p>21 MS. FLOWERS: Object to the form.</p> <p>22 A. Can you ask the question again? I</p> <p>23 want to make sure I get it right.</p> <p>24 Q. Yeah. Sure.</p> <p>25 So if there was an opioid overdose</p>
<p style="text-align: right;">Page 203</p> <p>1 number of firefighter/medics in the EMS</p> <p>2 division.</p> <p>3 A. I would -- it's the same answer I</p> <p>4 was just describing about readjusting the EMS to</p> <p>5 the fire budget to more accurately reflect I</p> <p>6 believe at the time that's how many medics we</p> <p>7 had, period, on the job, so we assigned all of</p> <p>8 the paramedics to the EMS budget.</p> <p>9 Q. Can you turn to page 173? How is</p> <p>10 the fire division funded?</p> <p>11 A. Through property tax, income tax,</p> <p>12 and EMS billing.</p> <p>13 Q. Do you know where the -- sorry. Let</p> <p>14 me rephrase that.</p> <p>15 Are the EMS billing numbers recorded</p> <p>16 anywhere?</p> <p>17 A. Yes.</p> <p>18 Q. Where is that?</p> <p>19 A. They would be recorded in the Web</p> <p>20 Focus database that the city uses.</p> <p>21 Q. Can you describe for me what the Web</p> <p>22 Focus database is?</p> <p>23 A. Web Focus would be more accurately</p> <p>24 described as the budget program compared to what</p> <p>25 we discussed earlier was Banner, which is more</p>	<p style="text-align: right;">Page 205</p> <p>1 incident and that patient was taken to the</p> <p>2 hospital, or if this patient was billed in some</p> <p>3 way for AFD having to respond to the incident,</p> <p>4 would that be recorded somewhere?</p> <p>5 MS. FLOWERS: Object to the form.</p> <p>6 A. It is my belief that we would be</p> <p>7 able to determine if we received reimbursement</p> <p>8 for a specific run.</p> <p>9 Q. How would you do that?</p> <p>10 A. I believe our EMS office will have</p> <p>11 record of the billing.</p> <p>12 Q. Who is the EMS office?</p> <p>13 A. Well, that's -- the office would be</p> <p>14 District Chief Natko, as the bureau manager, and</p> <p>15 the staff that works for him.</p> <p>16 Q. Okay. By "EMS office" do you mean</p> <p>17 the EMS bureau?</p> <p>18 A. Yes.</p> <p>19 Q. Okay. Do you know how they would go</p> <p>20 about looking up that information?</p> <p>21 A. Not off the top of my head.</p> <p>22 Q. So do you know, if we pulled an</p> <p>23 incident number out of that list of opiate</p> <p>24 incidents we looked at earlier, could I use that</p> <p>25 number to determine whether the fire division</p>

<p style="text-align: right;">Page 206</p> <p>1 had been reimbursed for responding to that call?</p> <p>2 MS. FLOWERS: Object to the form.</p> <p>3 Lack of foundation.</p> <p>4 A. Yes and no. You would be able to</p> <p>5 find out if we received some reimbursement for</p> <p>6 the call, but you would not be able to determine</p> <p>7 that we were adequately reimbursed for all of</p> <p>8 our expenses, because in the City of Akron we</p> <p>9 only bill for what the insurance company is</p> <p>10 willing to pay for our residents. The rest we</p> <p>11 absorb.</p> <p>12 Q. For non-Akron residents, they pay</p> <p>13 more or they're charged more?</p> <p>14 MS. FLOWERS: Object to the form.</p> <p>15 A. We will allow our billing company to</p> <p>16 attempt to be -- have us reimbursed for the</p> <p>17 charges above and beyond what the insurance</p> <p>18 company pays.</p> <p>19 Q. Who is your billing company?</p> <p>20 A. Lifeforce Management.</p> <p>21 Q. Would Lifeforce Management have</p> <p>22 records of EMS billings received?</p> <p>23 A. I believe so.</p> <p>24 Q. So I think we kind of answered this,</p> <p>25 but I just want to kind of nail this down.</p>	<p style="text-align: right;">Page 208</p> <p>1 aside.</p> <p>2 Do you recognize this e-mail?</p> <p>3 A. I do.</p> <p>4 Q. Can you explain to me what's going</p> <p>5 on in it?</p> <p>6 MS. FLOWERS: Object to the form.</p> <p>7 A. I'm not sure I follow your question.</p> <p>8 Q. Okay. Let's just start with some</p> <p>9 basics then.</p> <p>10 So at the top here, it looks like</p> <p>11 Chief Natko, in this second sentence, says,</p> <p>12 "I've asked Lifeforce to comment on the large</p> <p>13 increase in collections." Is that the same</p> <p>14 Lifeforce Management that you just referenced?</p> <p>15 A. It is.</p> <p>16 Q. Okay. That's AFD's billing company,</p> <p>17 I think is what you called them; is that right?</p> <p>18 A. It is.</p> <p>19 Q. How long has Lifeforce been AFD's</p> <p>20 billing company?</p> <p>21 A. I'm not positive, but it might be</p> <p>22 since the inception of billing for us.</p> <p>23 Q. When was the inception of billing</p> <p>24 for AFD?</p> <p>25 A. I'm not positive, but I think it's</p>
<p style="text-align: right;">Page 207</p> <p>1 Would I be able to use -- would</p> <p>2 somebody be able to use that incident ID number</p> <p>3 to determine whether EMS had received any</p> <p>4 billing reimbursements in relation to that</p> <p>5 incident? It doesn't necessarily have to be</p> <p>6 every penny that Akron Fire spent on it, but</p> <p>7 could you use that incident number to determine</p> <p>8 if Akron Fire had received any billing</p> <p>9 reimbursement for that incident?</p> <p>10 MS. FLOWERS: Object to the form.</p> <p>11 Asked and answered.</p> <p>12 A. I believe so.</p> <p>13 Q. I'm handing to the court reporter</p> <p>14 Akron_000243847. It's going to be Defendants'</p> <p>15 Exhibit 14.</p> <p>16 - - - - -</p> <p>17 (Thereupon, Twigg Deposition Exhibit</p> <p>18 14, E-Mail String Beginning Bates</p> <p>19 Number AKRON_000243847, was marked</p> <p>20 for purposes of identification.)</p> <p>21 - - - - -</p> <p>22 Q. Go ahead and take a second to</p> <p>23 familiarize yourself if you need to.</p> <p>24 A. Am I done with the budget document?</p> <p>25 Q. Yes. I'm sorry. You can put that</p>	<p style="text-align: right;">Page 209</p> <p>1 2002.</p> <p>2 Q. And before 2002 no one was charged</p> <p>3 for EMS services?</p> <p>4 A. That is accurate. No one received a</p> <p>5 bill above and beyond what they pay in taxes</p> <p>6 would probably be a more accurate response.</p> <p>7 Q. Are you familiar with the -- so it</p> <p>8 looks like -- Chief Natko starts off this</p> <p>9 e-mail. He says, "December's numbers," and then</p> <p>10 he has a number of different figures under that.</p> <p>11 Do you see that down in the bottom left?</p> <p>12 A. I do.</p> <p>13 Q. Do you know where Chief Natko was</p> <p>14 pulling this information from?</p> <p>15 A. Chief Natko gets EMS billing</p> <p>16 information directly from Lifeforce, and then he</p> <p>17 was working with Karakis to develop the opiate</p> <p>18 information out of our ESO data, and then you</p> <p>19 see complaints and compliments were feedback</p> <p>20 from the quality assurance coordinator.</p> <p>21 Q. Do you know if this EMS billing data</p> <p>22 that he receives from Lifeforce -- is that -- do</p> <p>23 you know if he has access to a database where</p> <p>24 that information is stored?</p> <p>25 A. To my knowledge, he does not have</p>

<p style="text-align: right;">Page 210</p> <p>1 direct computer access into Lifeforce's 2 software. My recollection is that he was 3 requesting that information in a report of sorts 4 that they would send to him via e-mail with just 5 the collections for that month. 6 Q. Do you know if it would be difficult 7 to determine what EMS -- sorry. Let me rephrase 8 that. 9 Do you know whether it would be 10 difficult or not to determine how much AFD 11 received in billing reimbursement in 2017? 12 A. Would it be difficult to determine 13 that? 14 Q. Yes. 15 A. No, it would not be difficult to 16 determine that. 17 Q. How would that be determined? 18 A. We would have received some sort of 19 report from Lifeforce telling us what we 20 received for the year. 21 Q. Do you know, do you receive those 22 reports monthly? 23 A. I do not. 24 Q. Does someone receive those reports 25 monthly?</p>	<p style="text-align: right;">Page 212</p> <p>1 amount in billing collected? 2 A. I was. I'm used to seeing something 3 closer to \$200,000 or even under \$200,000. If 4 you notice, I say -- I mention post-EPCR, so 5 this isn't too far after we transition into 6 electronic patient care reports. And one of our 7 hopes was that due to better recordkeeping and 8 electronic trans -- transmittal of the data to 9 the billing companies, that we would have a 10 higher collection rate on our billing, so I was 11 trying to determine if this increase was based 12 on that change in our billing process or is it 13 just an anomaly. 14 Q. Prior to EPCR, how was the 15 recordkeeping handled for billing? 16 A. The paper copy of the run report, 17 similar to the ones that we've looked at here 18 today, would be physically scanned one by one on 19 the copying machine and turned into a PDF and 20 sent to the billing company, along with copies, 21 paper copies, which were then reviewed by hand 22 at the billing company. 23 Q. Was that something that was done 24 monthly, weekly? 25 MS. FLOWERS: Object to the form.</p>
<p style="text-align: right;">Page 211</p> <p>1 MS. FLOWERS: Object to the form. 2 A. My belief is that the admin 3 assistant at EMS that interacts with Lifeforce 4 billing gets monthly feedback, and so the 5 District Chief Natko is usually apprised of that 6 information and, on a somewhat regular basis, 7 he'll share it. 8 Q. Does he share it with you? 9 A. At times. 10 Q. How does he share it with you? 11 A. Well, this e-mail, for example. 12 Q. Do you remember other e-mails where 13 he's sent you this information? 14 A. If you notice, the subject line, it 15 says, "December Dashboard." At the time we were 16 creating a monthly dashboard to share amongst 17 the senior leadership and with Deputy Mayor 18 Brown. And I think we've kind of stepped away 19 from that process recently, but I believe I have 20 other e-mails along these lines that may 21 indicate what the billing number was for the 22 month. 23 Q. And after Chief Natko sends you this 24 e-mail, you respond, "Wow! Is that a new 25 billing record?" Were you surprised by the</p>	<p style="text-align: right;">Page 213</p> <p>1 A. My recollection is that the billing 2 is, best case scenario, submitted weekly. 3 Q. You say "best case scenario." Was 4 that -- was weekly the common practice or that 5 was just the hope? 6 A. I believe weekly was the common 7 practice, but it was not unheard of to get 8 behind a little bit on the billing. 9 Q. So you also wrote, "We hope that 10 this is the shape of things to come post-EPCR." 11 Have the billing numbers stayed high 12 since EPCR was implemented? 13 A. My recollection is that this was a 14 bit of an anomaly. 15 Q. I might have lied. I hope not. I 16 think we can do this without actually looking 17 back at it, but I forgot to ask you a couple of 18 things about the budget. So let me ask the 19 question. If you need to look back, feel free, 20 but I don't think we're actually going to have 21 to open it back up again. 22 The general fund -- it mentioned the 23 general fund in there. What is the general fund 24 comprised of? 25 A. So the general fund is the fund</p>

<p style="text-align: right;">Page 214</p> <p>1 where all of the money coming into the city 2 goes, and that is where the fire department 3 receives the actual transfer of funds from the 4 city per se, so -- 5 Q. So all of the funds coming into the 6 city go into the general fund. Does that 7 include EMS billing? 8 A. Negative. So not all of the funds 9 coming into the city go into the general fund. 10 The vast majority of the funds coming into the 11 city go to the general fund. EMS billing does, 12 in fact, come directly back into our budget. 13 Q. What about property tax; does that 14 go into the general fund? 15 A. That's my belief. 16 Q. And income tax, does that go into 17 the general fund? 18 A. Yes, sir. 19 Q. Do you know what the special revenue 20 fund is? 21 A. I do not know what all is lumped 22 into that umbrella, no. 23 Q. Do you receive -- does the fire 24 division receive money from the special revenue 25 fund?</p>	<p style="text-align: right;">Page 216</p> <p>1 the fire division, fire department. 2 Q. Are there two separate budgets for 3 fire and EMS? 4 A. This is getting to the edge of my 5 understanding of the budgetary process, but in 6 layman's terms, my understanding is that you 7 have the fire side and the EMS side of our 8 budget, and both of them are subsidized by the 9 general fund. It's still one overall budget, 10 though. 11 Q. All right. Now we can set that 12 aside again. 13 - - - - - 14 (Thereupon, Twigg Deposition Exhibit 15 15, E-Mail from Chris Karakis to 16 Various Recipients, dated March 31, 17 2017, Beginning Bates Number 18 AKRON_000236587, with Attached 19 PowerPoint, was marked for purposes 20 of identification.) 21 - - - - - 22 Q. So this is going to be Exhibit 15, 23 and it's Bates number Akron_000236587. And, 24 Chief Twigg, just so you understand, there's a 25 sheet, it says, "Document produced natively."</p>
<p style="text-align: right;">Page 215</p> <p>1 A. I am not positive. 2 Q. Do you know what the trust and 3 agency fund is? 4 A. I do not. 5 Q. Do you know if the fire division 6 receives money from the trust and agency fund? 7 A. I'd have to look through the pages 8 to determine that. 9 Q. I'm sorry. We are going to have to 10 real quick. Page 173. Sorry. I didn't mean to 11 make that a memory test. Let's just go through 12 this real quick then. 13 So the special revenue fund, it 14 looks like the Division of Fire does receive, or 15 at least did in 2014, '15, '16 and '17, 16 received -- let me strike that. 17 Did the fire division receive moneys 18 from the special revenue fund in years 2014, 19 2015, 2016 and 2017? 20 A. It does appear so. 21 Q. But you don't know where -- what is 22 comprised -- the special revenue fund is 23 comprised of? 24 A. That is correct. This -- those 25 titles are created by the finance office, not by</p>	<p style="text-align: right;">Page 217</p> <p>1 That means there was a PowerPoint attached. 2 It's a production issue thing. I printed out 3 the PowerPoint. Go ahead and take a second and 4 familiarize yourself with this document. 5 I just have a couple questions about 6 one of the slides. So let me just start with 7 the e-mail. Do you remember this e-mail? Do 8 you recognize this e-mail? 9 A. I do. 10 Q. What is this e-mail? 11 A. This is an e-mail that's a summary 12 of the ARV program that Captain Karakis 13 produced. I mean, he produced the summary. 14 Q. The summary of the ARV program? 15 A. That is correct. 16 Q. So sorry these aren't numbered, but 17 if you turn in -- I think it's about four 18 slides, there's one titled "Reasons for 19 Increased Calls." Feel free to look at it. I'm 20 just going to mainly ask about the one slide. 21 So I think we talked a little bit 22 earlier about Akron Fire seeing increased calls 23 over the years; is that right? 24 A. We did. 25 Q. And it looks like Captain Karakis</p>

<p style="text-align: right;">Page 218</p> <p>1 here listed a number of reasons that Akron Fire 2 has seen increased calls. Is that what this 3 list is?</p> <p>4 MS. FLOWERS: Object to the form.</p> <p>5 A. Yes, that's correct.</p> <p>6 Q. Do you agree with him that aging 7 population -- an aging population is one of the 8 reasons for an increased number of calls in 9 Akron?</p> <p>10 A. I agree that the aging population 11 speaks to the slow, gradual increase in calls as 12 I described them, yes, one of the things that 13 contributes to that.</p> <p>14 Q. Do you agree with Captain Karakis 15 that chronic diseases is one of the reasons 16 Akron Fire has seen increased calls over the 17 years?</p> <p>18 MS. FLOWERS: Object to form.</p> <p>19 A. Once again, I agree that chronic 20 disease had played a role in the gradual 21 increase of our calls over the length of our EMS 22 system.</p> <p>23 Q. The length of your what system?</p> <p>24 A. I'm making a distinction between the 25 gradual increase that we've seen of increase of</p>	<p style="text-align: right;">Page 220</p> <p>1 that people rely on EMS and the fire division's 2 911 medical services to gain faster access to 3 the emergency departments, hospitals?</p> <p>4 MS. FLOWERS: Objection. Calls for 5 speculation.</p> <p>6 A. I think it's -- I'm not positive 7 exactly what he was referring to in that 8 sentence when he says, "Gateway to the emergency 9 department."</p> <p>10 Q. Do you see the bullet "Better access 11 to health insurance"?</p> <p>12 A. Yes.</p> <p>13 Q. Do you know what Captain Karakis 14 meant by that?</p> <p>15 MS. FLOWERS: Objection.</p> <p>16 A. My belief is there's a common theory 17 that based on the ACA, the Affordable Care Act, 18 that some people started using healthcare in 19 general more often because they now had some 20 version of health insurance.</p> <p>21 Q. Do you think that there's been an 22 increased number of calls, emergency calls to 23 Akron Fire, because of better access to health 24 insurance?</p> <p>25 MS. FLOWERS: Object to the form.</p>
<p style="text-align: right;">Page 219</p> <p>1 calls over the last 40 years of our EMS system 2 and I'm agreeing that the aging population and 3 the chronic disease are part of that slow, 4 gradual increase, and I'm making a distinction 5 between the rapid increase in calls that we've 6 experienced secondary to the opioid crisis.</p> <p>7 Q. Do you agree with Captain Karakis 8 that one of the reasons Akron Fire has seen 9 increased calls is what he describes here as an 10 increased reliance on 911 medical services?</p> <p>11 MS. FLOWERS: Objection to the form.</p> <p>12 A. I would agree with, again, the same 13 stipulation as before.</p> <p>14 Q. Do you know what he means by 15 increased reliance on 911 medical services?</p> <p>16 MS. FLOWERS: Objection. Calls for 17 speculation.</p> <p>18 A. I don't know exactly what he was 19 trying to say in that specific sentence.</p> <p>20 Q. Do you see underneath there, there's 21 kind of a sub-bullet point, and it says, 22 "Gateway to the emergency department - faster 23 access"? Do you see that?</p> <p>24 A. I do.</p> <p>25 Q. Could Captain Karakis have meant</p>	<p style="text-align: right;">Page 221</p> <p>1 A. We don't have specific statistical 2 indications for that to be the case, but I can't 3 say that it's not true.</p> <p>4 Q. Do you know what Captain Karakis 5 meant by behavioral emergencies?</p> <p>6 MS. FLOWERS: Objection. Calls for 7 speculation.</p> <p>8 A. I believe he was referring to the 9 fact that we deal with psych patients on a 10 regular basis.</p> <p>11 Q. Has there been an increase in 12 behavioral emergency calls to AFD in the last 13 ten years?</p> <p>14 A. I don't have the specific statistics 15 on that. I don't know if Chris did or not.</p> <p>16 Q. Do you know if there's a way to 17 determine for each of these bullet points -- let 18 me strike that.</p> <p>19 If you looked at the total number of 20 increased calls over the years, do you know if 21 there's a way to determine which portion of that 22 increase in calls is related to any one of these 23 factors?</p> <p>24 MS. FLOWERS: Object to the form.</p> <p>25 A. Actually, I think some of these are</p>

<p style="text-align: right;">Page 222</p> <p>1 a little more obscure than others and would be 2 much harder to figure out, but I do think the 3 one that's actually the easiest to figure out 4 are some of the opiate calls based on the way 5 that they get tracked and then they show up. So 6 it's -- there's not a specific medication we 7 give that would indicate better access to health 8 insurance, for example, but we do a pretty good 9 job of understanding when somebody gets Narcan. 10 So I would say that some of these would be 11 difficult, and we're trying to be open minded in 12 realizing that there is maybe other factors 13 here, but when it comes to being able to put our 14 finger on something out of this list, I would 15 say opiates are probably the easiest one for us 16 to come up with a number on. 17 Q. How do you do that? How do you 18 track opiate calls? 19 A. Well, we've discussed that already 20 today. I would say one way that we do it is we 21 keep track of the number of times that we use 22 Narcan to revive people. That's one easy way to 23 do it. 24 Q. Do you know if that's how Captain 25 Karakis put together that list that we looked at</p>	<p style="text-align: right;">Page 224</p> <p>1 patient care reports as well as our -- they were 2 entered in AFIRS. 3 Q. So that run report we looked at 4 earlier with the -- I think it was Buspar and 5 Remeron were the two things that that person had 6 taken, and we can look back at that run report, 7 would that have been recorded in AFIRS that 8 somebody was on those drugs? 9 A. I can't attest to what was recorded 10 for that particular report. 11 Q. Is it a general practice to record 12 all of the drugs that somebody was taking that 13 are also recorded on the run report? 14 MS. FLOWERS: Objection. 15 A. I believe so. 16 Q. Is it the general practice of 17 paramedics to note on the run report if they're 18 responding to an overdose? 19 A. I think it's the general practice of 20 our medics to -- if they believe -- if their 21 impression is an overdose, to record it. 22 Q. And then does that impression get 23 recorded in the AFIRS database? So pre-2016 24 does that impression get recorded in the AFIRS 25 database?</p>
<p style="text-align: right;">Page 223</p> <p>1 earlier of opiate incidents? 2 MS. FLOWERS: Object to the form. 3 A. I am not aware. 4 Q. So if I came to you and I asked you 5 how many opiate incidences Akron Fire has 6 responded to in the last ten years, how would 7 you do that? 8 A. Well, as I stated before, I would 9 get our EMS team digging in the weeds to 10 identify all the different ways that opiate 11 calls would hit our radar and then research 12 those reports. 13 Q. Sorry. What do you mean by the ways 14 opiate calls would hit your radar? 15 A. For example, Narcan administration, 16 unconscious patients, unresponsive patients, the 17 term "overdose," the term "OD." We could search 18 specific drug names. Those would all be fields 19 that pop up in various different search 20 functions that would give us indication of which 21 incidents would be involved. 22 Q. Where would you search drug names? 23 MR. ROMAN: Object to the form. 24 A. The list of medications that people 25 take are often recorded on our electronic</p>	<p style="text-align: right;">Page 225</p> <p>1 A. It's supposed to. There's always 2 the chance that the overdoses could be 3 underreported. 4 Q. Why do you say that? 5 A. Well, for example, it wouldn't be 6 difficult to see a scenario where we had an 7 unresponsive patient in full arrest that we 8 never realized was an overdose and went through 9 our system and expired or was treated after 10 our -- or could even have recovered and we never 11 would have known that we were dealing with an 12 overdose patient. 13 Q. Have you ever done any research to 14 try to identify those situations? 15 MS. FLOWERS: Object to the form. 16 A. No, I have not. 17 MR. CAREY: Do you mind if we take a 18 quick break? 19 THE VIDEOGRAPHER: Off the record, 20 4:31. 21 (Recess had.) 22 THE VIDEOGRAPHER: Back on the 23 record, 4:43. 24 - - - - - 25 (Thereupon, Twigg Deposition Exhibit</p>

<p style="text-align: right;">Page 226</p> <p>1 16, E-Mail String, Beginning Bates 2 Number AKRON_000236377, was marked 3 for purposes of identification.) 4 - - - - - 5 BY MR. CAREY: 6 Q. Chief Twigg, welcome back. 7 A. Thank you. 8 Q. Handing you Exhibit 16, it's Bates 9 numbered Akron_000236377. Take a second and 10 review the e-mail. Now, you're not actually on 11 this e-mail, but I just wanted to ask a little 12 bit about the e-mail on the first page here from 13 Chief Natko. 14 Do you see where he writes that the 15 cost per call for a four-person AFD ambulance is 16 \$155.05 per call? 17 A. I do. 18 Q. Do you know how he calculated that 19 number? 20 MS. FLOWERS: Objection. Calls for 21 speculation. 22 A. I do not. 23 Q. If somebody asked you to calculate 24 how much it costs AFD for a four-person 25 ambulance to respond to a call, would you know</p>	<p style="text-align: right;">Page 228</p> <p>1 go on the calls anyhow. So it's a distinction 2 between us, as a public service, and a private 3 ambulance, where we're not in this to make 4 money, so spending a lot of time figuring out 5 what exactly each call costs us hasn't been a 6 priority to us in the past. 7 Q. Have you ever attempted to do it? 8 MS. FLOWERS: Objection. 9 A. I personally have not. 10 Q. Do you know if anybody else has 11 attempted to calculate how much it costs AFD to 12 go on a call? 13 A. We've utilized FEMA guidelines for 14 what we would charge should we send a med unit 15 out of town to assist at another community. I 16 know we've done that. 17 Q. What about specifically to opioids? 18 Has anybody attempted to calculate how much it 19 costs AFD to respond to an opioid call? 20 MS. FLOWERS: Object to the form. 21 A. To my knowledge, nobody has sat down 22 and crunched all the numbers that would be 23 involved. 24 Q. Again going back to the time when 25 you were head of the accounting services</p>
<p style="text-align: right;">Page 227</p> <p>1 how to do that? 2 MS. FLOWERS: Objection. Asked and 3 answered. 4 A. I would ask our accounting and 5 services bureau manager to develop that number 6 for me. 7 Q. When you were accounting and 8 services manager and if somebody came to you and 9 asked you to do that, how would you have gone 10 about doing it? 11 MS. FLOWERS: Objection. Asked and 12 answered. 13 A. At the time I would have worked with 14 the finance division to calculate, to the best 15 of our ability, a cost. What makes that tricky 16 is there's so many different ways to do it. So, 17 you know, the question would be a difficult one, 18 but it's doable. 19 Q. What makes it tricky? 20 A. There's several variables to take 21 into consideration, so I think it would be a 22 time-consuming effort, and that's why we don't 23 necessarily spend a lot of time figuring out 24 exactly what it cost us to go on every single 25 call, because at the end of the day, we need to</p>	<p style="text-align: right;">Page 229</p> <p>1 division or bureau, if somebody came to you and 2 asked you to calculate how much it costs AFD to 3 go on an opioid overdose call, what are all the 4 different factors or variables you would include 5 in that calculation? 6 MS. FLOWERS: Objection. Asked and 7 answered. 8 A. I don't feel qualified to do that 9 kind of -- that kind of work, which is why I 10 wouldn't have tried it back then even. So I'm 11 not an accountant. I'm a firefighter. I work 12 with the accounting -- or the finance division 13 to develop these numbers. We don't develop them 14 ourselves. 15 Q. So during your time as accounting 16 services -- as head of the accounting services 17 division, if somebody came and asked you that, 18 you would have just said no, we can't do it? 19 MS. FLOWERS: Object to the form of 20 the question. Argumentative. 21 A. If somebody asked me when I was in 22 that position, I would have responded that I'll 23 need to work with the finance department to come 24 up with the numbers you're asking me for. 25 Q. And when you say "finance</p>

<p style="text-align: right;">Page 230</p> <p>1 department," who is that?</p> <p>2 A. Currently it's the audit and budget</p> <p>3 office as well as the finance office, Steve</p> <p>4 Fricker, Diane Miller Dawson. Those are a</p> <p>5 couple of the names.</p> <p>6 Q. That's not part of the fire</p> <p>7 division, correct?</p> <p>8 A. That's correct.</p> <p>9 Q. Would you have given them any</p> <p>10 instructions on how to go about calculating that</p> <p>11 number?</p> <p>12 MS. FLOWERS: Object to the form.</p> <p>13 A. No. It would not be my place to</p> <p>14 instruct the finance director on how to do their</p> <p>15 job.</p> <p>16 Q. Wouldn't the finance director have</p> <p>17 questions about stuff like what all goes into</p> <p>18 the fire department's response to an opioid</p> <p>19 call?</p> <p>20 MS. FLOWERS: Objection. Calls for</p> <p>21 speculation.</p> <p>22 A. If we try and figure out -- when we</p> <p>23 try and figure out what a specific call costs</p> <p>24 us, we would be expected, I'm sure, to help</p> <p>25 figure out what all things would be figured in.</p>	<p style="text-align: right;">Page 232</p> <p>1 usually -- and we discussed earlier about when</p> <p>2 we need to add an engine to a call instead of</p> <p>3 just a med unit. So somebody that's unconscious</p> <p>4 will always need at least a four-person crew.</p> <p>5 So if we don't have four people on that rig,</p> <p>6 we'll send an engine, and then if that engine</p> <p>7 happens to be combo'd, that's another med unit</p> <p>8 that will be out of service during that call;</p> <p>9 and then if that district has a run, another med</p> <p>10 unit -- hopefully they're in service -- will be</p> <p>11 coming from one or two districts over. And then</p> <p>12 in a short period of time you start running into</p> <p>13 a domino effect, where we're down to one or two</p> <p>14 rigs in the whole city. And when your manpower</p> <p>15 is swamped like that, no one is out doing</p> <p>16 training, they're not doing inspections, they're</p> <p>17 not doing rig maintenance, they're not doing</p> <p>18 building maintenance, and all that is a indirect</p> <p>19 result of increased call volume. That's why we</p> <p>20 increased the manpower in overtime to help cut</p> <p>21 down on that to the best that we could.</p> <p>22 Q. Let's take rig maintenance. You</p> <p>23 mentioned rig maintenance. How is it decided</p> <p>24 whether someone is going to perform rig</p> <p>25 maintenance or not?</p>
<p style="text-align: right;">Page 231</p> <p>1 Q. In your mind, what would figure in</p> <p>2 to calculating such a cost?</p> <p>3 MS. FLOWERS: Object to the form.</p> <p>4 Asked and answered.</p> <p>5 A. Well, we would have to take into</p> <p>6 consideration the number of manpower hours that</p> <p>7 a specific situation was causing us. Take the</p> <p>8 opioids for example. Identify the number of</p> <p>9 calls, identify the overtime that would be</p> <p>10 involved, identify the resources that we expend</p> <p>11 on each of those runs, and then you would try</p> <p>12 and start calculating the more obscure impact</p> <p>13 that it has on the organization with the number</p> <p>14 of resources that have been redirected away</p> <p>15 from, let's say, fire inspections or training.</p> <p>16 You try and work out all those different numbers</p> <p>17 to figure out the -- you know, the true actual</p> <p>18 impact of the situation. It gets complex.</p> <p>19 Q. Can you give me an example of</p> <p>20 diversion of resources that have been caused by</p> <p>21 the opioid epidemic within the fire division?</p> <p>22 A. Well, for example, when we are</p> <p>23 responding to a lot of overdoses in one day, we</p> <p>24 start running into a domino effect. What will</p> <p>25 happen is since the overdoses are so serious</p>	<p style="text-align: right;">Page 233</p> <p>1 A. Well, we have two different kinds of</p> <p>2 rig maintenance. We -- there's maintenance that</p> <p>3 we do in the station, which would be us being</p> <p>4 responsible -- us being the firefighters, being</p> <p>5 responsible for keeping the rig clean, making</p> <p>6 sure the fluid levels are appropriate, cleaning</p> <p>7 out compartments, cleaning the equipment. We</p> <p>8 all consider that rig maintenance.</p> <p>9 What is even more challenging, and</p> <p>10 has been more of a drain on our system lately,</p> <p>11 is as the call volume increased secondary to</p> <p>12 this crisis, we started realizing that -- our</p> <p>13 quarterly was a very common preventative</p> <p>14 maintenance rotation that's based on mileage.</p> <p>15 Instead of having an ambulance come in, let's</p> <p>16 say, four times a year, they were coming in six</p> <p>17 times a year. Just even the amount of gasoline</p> <p>18 that we used went up.</p> <p>19 So when you start talking about a,</p> <p>20 you know, 30 percent increase in the amount of</p> <p>21 preventative maintenance that you need to do,</p> <p>22 but you multiply that by 13 apparatus, suddenly</p> <p>23 now you're running out of mechanics and you're</p> <p>24 hiring them on overtime on Saturdays to help</p> <p>25 keep up with the maintenance, so, again, there's</p>

<p style="text-align: right;">Page 234</p> <p>1 a bit of a snowball effect there. And then that 2 impacts the long-term life expectancy of the 3 rigs just based on the additional miles we've 4 been experiencing. 5 Q. Okay. So how does -- this started 6 with you were explaining that there can be a 7 snowball effect with too many calls in one day. 8 So if somebody is performing rig maintenance and 9 there's a call, they have to stop and go on the 10 call? Is that -- 11 A. That would be accurate, yes. 12 Q. What about building maintenance, 13 same situation? 14 A. Absolutely. Yard work, windows. I 15 mean, we -- we live in these stations 24/7, 365, 16 so maintaining them at a high level of readiness 17 is important. 18 Q. And my question was, though, if 19 somebody is performing building maintenance and 20 there's a call, they have to stop what they're 21 doing with the building maintenance and go out 22 on the call? 23 A. That would be accurate. 24 Q. And you also mentioned inspections, 25 I believe. Is that the same scenario, where if</p>	<p style="text-align: right;">Page 236</p> <p>1 that the firefighters themselves could be doing 2 on a regular basis, which then has the ability 3 to impact some overtime issues at our fire 4 maintenance facility. 5 Q. Same question for rig maintenance. 6 If the firefighters at a station are too busy to 7 perform all of the rig maintenance because of 8 the number of calls they're receiving, are they 9 then paid overtime to perform the required rig 10 maintenance? 11 A. No. They would not be paid 12 overtime. It would be a matter of eventually 13 the potential for mechanical damage due to 14 inadequate fluid levels and stuff exists, but 15 there would not be a specific additional 16 manpower charged for that. 17 Q. How do the shifts work for 18 firefighters in AFD? Is it 24 on, 48 off, or -- 19 A. Yes. 20 Q. Is that the same for EMS, the bureau 21 of EMS, or the paramedics and EMTs? Do they 22 work the same shifts, 24 on, 48 off? 23 A. In the general sense of all of our 24 operational personnel work the 24/48. 25 Q. Is there ever -- is there ever down</p>
<p style="text-align: right;">Page 235</p> <p>1 somebody is performing a building inspection and 2 there's a call, they have to stop what they're 3 doing and go out on the call? 4 A. That's a close to accurate 5 description. We will take our apparatus, go out 6 into the neighborhood that that apparatus is 7 assigned to and inspect businesses. We do that 8 as a preventative measure to hopefully find fire 9 hazards and have them mitigated before a fire 10 should actually occur. We do that, what we call 11 an in-service status, so should a call come in 12 while they're out doing that inspection, they 13 will stop what they're doing, hop on the rig and 14 go to that call. 15 Q. Returning back to building 16 maintenance for a second, if -- if the AFD 17 employees at a station are too busy because of 18 calls that they -- to the point that they fall 19 behind on the building maintenance, are they 20 then paid overtime to catch up on the building 21 maintenance? 22 A. The firefighters themselves would 23 not be paid overtime, but what we would end up 24 doing is having to utilize some of our personnel 25 out of fire maintenance to do some of the chores</p>	<p style="text-align: right;">Page 237</p> <p>1 time during the 24-hour shifts, time when 2 there's nothing specific that has to be 3 accomplished? 4 MS. FLOWERS: Object to the form. 5 A. Yes. 6 Q. Are the AFD employees required to 7 take a certain amount of break time during those 8 24-hour shifts? 9 A. No. 10 Q. Do you have an estimate on how much 11 down time on average the AFD employees have 12 during one of these 24-hour shifts? 13 A. I do not. 14 Q. Do you know how that number could be 15 calculated? 16 MS. FLOWERS: Object to form. 17 A. I do not. 18 Q. Looking back at the exhibit you have 19 in front of you, do you see where Chief Natko 20 wrote -- it says, "Opioid/Drug, 1,279," and then 21 right below that it says, "Mental Health, 22 \$2,534." Do you know what he's referencing 23 here? 24 A. I do not. 25 Q. Is it consistent with your</p>

<p style="text-align: right;">Page 238</p> <p>1 understanding that in 2017 the number of mental 2 health calls that AFD went on was almost double 3 the number of opioid or other drug-related calls 4 it went on? 5 MS. FLOWERS: Object to the form. 6 Lack of foundation. The document speaks for 7 itself. 8 A. This is the first I'm seeing of 9 this, these specific numbers. 10 Q. Okay. But I guess I asked a little 11 bit more of a specific question. Do you have 12 any recollection of how many mental health calls 13 that AFD responded to in 2017? 14 A. I do not. 15 Q. Would it surprise you if the number 16 of mental health calls that AFD went on in 2017 17 was almost double the number of opioid and 18 drug-related calls that AFD went on in 2017? 19 MS. FLOWERS: Objection. Form and 20 foundation. 21 A. I would not say it surprises me. 22 Q. What are the various types of issues 23 that would -- do you know what mental health is 24 composed of here? 25 MS. FLOWERS: Object to the form.</p>	<p style="text-align: right;">Page 240</p> <p>1 speculation. 2 A. That never happened and I never gave 3 it any thought. 4 Q. So you have no idea what types of 5 calls are considered mental health calls in the 6 Akron Fire Department? 7 MS. FLOWERS: Objection. Asked and 8 answered. Argumentative. 9 A. Could you ask the question again, 10 please? 11 Q. Sure. 12 You have no idea what types of calls 13 would be considered a mental health call for the 14 Akron Fire Department? 15 MS. FLOWERS: Same objection. 16 A. No. That doesn't accurately reflect 17 what I had said in my opinion. I believe that I 18 was asked to identify all of the type of 19 mental -- all the type of calls that would go 20 into a mental call. I'm aware of some types of 21 calls that clearly fit into that category. 22 Q. Can you tell me what those types of 23 calls are? 24 A. For example, a patient with known 25 psych history that is non-compliant with their</p>
<p style="text-align: right;">Page 239</p> <p>1 A. I do not. 2 Q. What would you consider to be a 3 mental health call? 4 A. That's a bit of an obscure -- could 5 you be more specific? 6 Q. Sure. 7 So, again, if somebody came to you 8 and asked you to calculate the total number of 9 mental health calls that AFD responded to in 10 2017, what would you consider as part of that 11 number? 12 A. I don't believe, if I was asked to 13 generate that number, that I would specifically 14 tackle it. I think I would engage the EMS team, 15 have them discuss what they feel appropriately 16 fits into that category, and then do our best to 17 identify those calls. 18 Q. You were head of the EMS bureau at 19 one point, right? 20 A. I was. 21 Q. If somebody came to you during that 22 time period and asked you how many mental health 23 calls EMS had responded to in a given year, how 24 would you have gone about calculating that then? 25 MS. FLOWERS: Objection. Calls for</p>	<p style="text-align: right;">Page 241</p> <p>1 meds would be a common one. 2 Q. Can you give me any other examples? 3 A. Not off the top of my head. 4 Q. Can you give me any guesses as to 5 what would be included in these numbers, these 6 2,534 calls, what types of calls those would 7 have been? 8 MS. FLOWERS: Object to the form, 9 speculation, asked and answered. 10 A. District Chief Natko did not confer 11 with me on this particular project. I was not 12 involved in any of the discussions. I really 13 don't know which direction they went with this. 14 Q. I understand he didn't consult with 15 you, but I'm asking you, you don't have any 16 guess as to what he would have included in this 17 number? 18 A. No, sir. 19 Q. If you look a little bit above that, 20 in the paragraph above that, it says, "We do 21 capture the opioid drug and mental health 22 categories as requested." 23 Do you know what categories those 24 are? 25 A. No, sir.</p>

<p style="text-align: right;">Page 242</p> <p>1 Q. You can set that aside. 2 - - - - - 3 (Thereupon, Twigg Deposition Exhibit 4 17, Summit County and City of Akron, 5 Ohio Plaintiff's First Amended 6 Responses and Objections to 7 Distributor Defendants' Third Set of 8 Interrogatories, was marked for 9 purposes of identification.) 10 - - - - - 11 Q. This is going to be Exhibit 17. The 12 title of this document is "Summit County and 13 City of Akron, Ohio Plaintiff's First Amended 14 Responses and Objections to Distributor 15 Defendants' Third Set of Interrogatories." 16 Chief Twigg, do you recognize this 17 document? 18 A. I believe so. 19 Q. Where do you think you've seen it 20 before? 21 A. This looks like one of the multiple 22 copies of interrogatories I've seen throughout 23 this process. 24 Q. Will you turn to page 15? 25 A. Yes, sir.</p>	<p style="text-align: right;">Page 244</p> <p>1 Q. Do you know what all would go -- 2 would be included in the calculation of such 3 cost? 4 A. Not off the top of my head. 5 Q. Who would you ask to figure that 6 out? 7 A. Again, that would be our EMS team. 8 Q. Now, I can just tell you, if you 9 flip real quick to the last page of the 10 document -- 11 A. Yes, sir. 12 Q. And this was served separately, but 13 just included it as the last page here. It's 14 the verification page. 15 You verified these responses? 16 A. I did. 17 Q. Before you verified the responses, 18 did you ask anybody at the EMS team how this 19 would be calculated? 20 MS. FLOWERS: Object to the form. 21 Lack of foundation. 22 A. I did not. I did not read this to 23 be meaning that there was an expectation that we 24 had those costs calculated already. 25 Q. Were you confident that you had</p>
<p style="text-align: right;">Page 243</p> <p>1 Q. Do you see at the bottom of the 2 second paragraph there, it says, "Plaintiff's 3 category of damages in this matter are expected 4 to include, but are not limited to, the 5 following"? Do you see that? It's the last 6 sentence of the second paragraph. 7 A. "Plaintiff's category of damages," 8 yes. 9 Q. And then there's a bullet -- there's 10 a bullet point list of damages underneath that. 11 Do you see that? 12 A. I do. 13 Q. So this document is telling us that 14 the fire division is seeking costs of training 15 emergency and/or first responders in the proper 16 treatment of drug overdoses. Do you see that? 17 It's the third bullet point down. 18 A. I do. 19 MS. FLOWERS: Object to the form. 20 Lack of foundation. 21 Q. Have you ever calculated these 22 costs? 23 MS. FLOWERS: Objection. Asked and 24 answered. 25 A. I have not.</p>	<p style="text-align: right;">Page 245</p> <p>1 incurred those costs at the time you verified 2 this? 3 MS. FLOWERS: Objection. 4 A. I'm confident then and I'm confident 5 now that we have, in fact, incurred costs 6 related to training -- how is it worded -- in 7 the proper treatment of drug overdoses. 8 Q. Can you give me some examples of 9 those trainings? 10 MS. FLOWERS: Objection. Asked and 11 answered. 12 A. For example, we have included the 13 use of Narcan in our EMT refresher training 14 that's performed on a cyclical basis with all of 15 our EMTs. That would be one easy example. 16 Q. Is the EMT refresher training 17 something that's done every year or -- sorry. 18 You say "cyclical training." When is that 19 completed, that training? 20 A. Each EMT has to recertify every 21 three years, so to maintain that rotation, we 22 give two refreshers per year for those 23 individuals that need it. 24 Q. Is there anything else covered at 25 that training other than the use of Narcan?</p>

<p style="text-align: right;">Page 246</p> <p>1 A. Yes. It's a 24-hour refresher that 2 covers several different subjects. 3 Q. What are the other subjects? 4 A. That's -- I don't teach that class. 5 It would -- I wouldn't be able to give you the 6 list off the top of my head. 7 Q. Who would have that list? 8 A. Someone on our EMS team. 9 Q. Chief Natko? 10 A. I don't know if Chief Natko would 11 have the EMT refresher curriculum memorized. 12 Q. Do you have access to that list 13 anywhere? 14 A. I could ask for a list of the EMT 15 refresher curriculum and somebody would produce 16 it for me. 17 Q. Can you give me the name of a person 18 on the EMS team that would have it? 19 A. Currently, Captain Joe Schumaker is 20 the person in charge of our EMT accreditation. 21 Q. The next bullet point here is, 22 "Costs associated with providing police 23 officers, firefighters and emergency and/or 24 first responders with naloxone, an opioid 25 antagonist used to block the deadly effects of</p>	<p style="text-align: right;">Page 248</p> <p>1 replace a police officer's in some circumstances 2 that I might be unaware of and what that cost 3 us. 4 Q. What are the costs associated with 5 providing firefighters with naloxone? 6 A. We, on a regular occasion, will need 7 to replace Narcan that did not get replaced at 8 the hospital, and then we have come out of 9 pocket to have an emergency backup supply should 10 there be a shortage. That was one of the big 11 concerns earlier on. And then there's all the 12 costs associated with the amount of time that we 13 spend running back and forth to the hospital to 14 get Narcan, the time spent sitting at the 15 pharmacy replacing the Narcan. There's several 16 different versions of indirect costs along those 17 lines. 18 Q. Who sits at the pharmacy to replace 19 the Narcan? 20 MS. FLOWERS: Object to the form. 21 A. So when -- each time that a med unit 22 has to replace a medication, they're out of 23 service while they're doing that, and that has, 24 again, that kind of snowball impact we were 25 talking about earlier; when they're unavailable,</p>
<p style="text-align: right;">Page 247</p> <p>1 opioids in the context of an overdose." 2 Has the division of fire incurred 3 any costs associated with providing police 4 officers with naloxone? 5 A. I am not positive that we have. I 6 am not positive that we have not. It's 7 possible. 8 Q. How would you figure it out? If you 9 wanted to know the answer to that question, how 10 would you figure that out? 11 MS. FLOWERS: Objection to the form. 12 A. I haven't been asked to figure it 13 out and I'd have to give it some thought. 14 Q. Is there somebody you would e-mail? 15 MS. FLOWERS: Objection. 16 A. Not in particular. 17 Q. Is there somebody in the police 18 department that you would call and ask? 19 MS. FLOWERS: Objection. Asked and 20 answered. 21 A. If forced to -- if I was forced to 22 come up with an answer, I would ask District 23 Chief Natko to interact with one of his peers in 24 the police department and try and figure out if 25 we've ever had to give them some Narcan to</p>	<p style="text-align: right;">Page 249</p> <p>1 someone else is taking their calls, and then 2 they're unavailable, so someone else is taking 3 their calls, and, you know, you never know when 4 somebody ends up missing a fire call because of 5 that. 6 Q. So you said we, on a regular 7 occasion, will need to replace Narcan that does 8 not get replaced at the hospital. Why does that 9 happen on a regular occasion? 10 A. I mean, there's just different 11 circumstances that may occur that would prevent 12 the traditional exchange of Narcan. Sometimes 13 if you don't go to the hospital, you wouldn't 14 get the chance to replace it. 15 Q. How would you determine how much the 16 division of fire spent on naloxone in any given 17 year? 18 A. I would ask our storeroom clerk to 19 give us a report on how much they've spent. 20 Q. Have you ever done that? 21 MS. FLOWERS: Object to the form. 22 A. I have not. 23 Q. Do you know if anyone has done that? 24 MS. FLOWERS: Objection. 25 A. I have not, and it would be</p>

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1 difficult to come up with the additional
 2 indirect cost, like I described before, so it
 3 really is a hard number to come up with the true
 4 cost of it. Whatever we come up with would
 5 certainly be on the low end.
 6 Q. So the next bullet point here is,
 7 "Costs associated with emergency responses by
 8 police officers, firefighters, and emergency
 9 and/or first responders to opioid overdoses."
 10 We talked about that a little bit earlier, but
 11 you have not tried to calculate how much it
 12 costs the fire department to respond to an
 13 opioid overdose; is that correct?
 14 A. That is correct.
 15 Q. Do you know if anyone has?
 16 A. Not to my knowledge.
 17 Q. So I'd like to ask you some
 18 questions about the verification page toward the
 19 end.
 20 A. Yes, sir.
 21 Q. Do you remember verifying these
 22 responses?
 23 A. I remember verifying several
 24 responses. I can't say that I specifically
 25 remember this day and this response.

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1 Q. What do you understand that to mean,
 2 that you verified these?
 3 MS. FLOWERS: Object to the form.
 4 A. My understanding is that I'm
 5 verifying that these answers are correct to the
 6 best of my knowledge.
 7 Q. Were you surprised that you were
 8 asked to verify the responses?
 9 MS. FLOWERS: Objection to the form.
 10 A. I don't know that I would describe
 11 my emotions about being asked to sign them.
 12 Q. I'm sorry. You kind of trailed off
 13 there. You said, "I don't know that I would
 14 describe my emotions about being asked to sign
 15 them." So is that no, you were not surprised
 16 that you were asked?
 17 MS. FLOWERS: Objection to the form
 18 and to the misstatement of the witness'
 19 testimony.
 20 A. I'm not sure how my response
 21 sounded, but what I'm trying to say is that I
 22 didn't really have an emotional response one way
 23 or the other. So you asked if I was surprised,
 24 and I'm saying that I don't know that I would
 25 characterize my emotions in any specific way.

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1 Q. So these responses are on behalf of
 2 both Summit County and Akron. Were you
 3 verifying any of the portions related to Summit
 4 County?
 5 A. My belief, under the way I read
 6 this, was that I am authorized to make this
 7 verification on behalf of the Plaintiff, the
 8 City of Akron. I don't recall ever being in the
 9 position where I was verifying anything for
 10 Summit County.
 11 Q. Were you verifying each of the
 12 responses in here or only certain ones?
 13 MS. FLOWERS: Objection.
 14 A. I believe that my verification was
 15 for the entire set of responses.
 16 Q. But you don't know for certain?
 17 MS. FLOWERS: Objection.
 18 A. I don't -- could you ask your
 19 question in more detail? I'm not understanding.
 20 Q. Sure.
 21 Were you verifying each of the
 22 responses in here or only certain ones?
 23 MS. FLOWERS: Objection. Asked and
 24 answered.
 25 A. I thought I answered the best that I

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1 could that I believe I am verifying all of these
 2 responses.
 3 Q. What did you do in preparation for
 4 verifying the responses?
 5 A. Reading I guess would be the
 6 simplest answer.
 7 Q. So you read the responses in
 8 preparation to verify them?
 9 MS. FLOWERS: Objection.
 10 A. That is correct.
 11 Q. Did you read all of them?
 12 A. I read all of the initial responses.
 13 I did not read every single page of the -- what
 14 was the -- what were they called, the updated
 15 versions or -- what's the word?
 16 Q. Are you talking about the
 17 supplemental responses?
 18 A. Yes. That's what I'm referring to.
 19 Thank you.
 20 Q. Did you do anything to confirm that
 21 the information contained in the responses is
 22 correct?
 23 A. Not beyond the personal knowledge
 24 that I had of the responses.
 25 Q. Other than your attorneys, did you

<p style="text-align: right;">Page 254</p> <p>1 talk to anyone about the information contained 2 in the responses? 3 A. I did not. 4 Q. Do you remember how long you spent 5 reading the responses before verifying them? 6 A. I did not -- I do not remember 7 specifically. 8 Q. Is there anything -- sitting here 9 today, is there anything in these responses that 10 you would want to change? 11 MS. FLOWERS: Objection. 12 A. Not that I'm specifically aware of, 13 no. 14 - - - - - 15 (Thereupon, Twigg Deposition Exhibit 16 18, The City of Akron, Ohio 17 Plaintiff's Second Supplemental 18 Response and Objections to 19 Distributor Defendants' 20 Interrogatory No. 18 Pursuant to the 21 Court's November 21, 2018 Order, was 22 marked for purposes of 23 identification.) 24 - - - - - 25 Q. So this is going to be marked as</p>	<p style="text-align: right;">Page 256</p> <p>1 Q. Okay. Fair enough. 2 Can you turn to page 6? Do you see 3 the bottom paragraph there before that last 4 bullet, it says, "Plaintiff's computation, based 5 on Plaintiff's preliminary review of its records 6 and an estimate of Plaintiff's damages as of the 7 date of this response, is provided in Exhibit 8 2"? Do you see that? 9 A. I do. 10 Q. Then can you turn to Exhibit 2? 11 It's the last page of this document. Do you see 12 the fire department row there, row two? 13 A. I do. 14 Q. Starting in 2017, it's listed 1.5 15 million. Do you see that? 16 A. I do. 17 Q. Do you know what went into the 18 calculation of this number? 19 MS. FLOWERS: Object to the form. 20 Lack of foundation. The witness didn't verify 21 these. He testified to that. 22 Tell him what you can. 23 A. I do not know. 24 Q. Did you assist at all in the 25 preparation of these responses?</p>
<p style="text-align: right;">Page 255</p> <p>1 Exhibit 18. This is the City of Akron, Ohio 2 Plaintiff's Second Supplemental Response and 3 Objections to Distributor Defendants' 4 Interrogatory No. 18 Pursuant to the Court's 5 November 21st, 2018 Order. 6 MS. FLOWERS: Counsel, do you have a 7 verification for this one? 8 MR. CAREY: No, I don't. I don't 9 believe one was provided. 10 MS. FLOWERS: There was one provided 11 but it wasn't this witness. 12 MR. CAREY: Okay. So that was 13 actually my first question. 14 Q. You did not verify this -- the 15 supplemental responses? I think we were just 16 talking about this, but you were saying you did 17 not verify the supplemental responses, correct? 18 MS. FLOWERS: Object to the form. 19 A. I'll be honest. They all look very 20 similar. I know I signed multiple verification 21 pages. I'm not trying to be clever here. If 22 you have a thing at the back of this that I 23 signed it, then I will agree I signed it, but I 24 can't identify this one compared to the other 25 ones that I saw.</p>	<p style="text-align: right;">Page 257</p> <p>1 A. Not knowingly. 2 Q. Do you know if you provided 3 information that went into these calculations 4 for the fire department or emergency medical 5 services totals that are listed on this Exhibit 6 2? 7 A. No, sir. That was my reference to 8 not knowingly. So, to my knowledge, I did not 9 receive any request for information that I knew 10 were being used to generate these numbers. 11 Q. Do you see on the far right-hand 12 side it says, "Total"? 13 A. Yes, sir. 14 Q. And if you go down, the second 15 number from the top is 9.1 million. That's the 16 total fire department damages. And then below 17 that it says 1.6 million? 18 A. Yes, sir. 19 Q. And that's the total emergency 20 medical services damages. Do you know why the 21 fire department's damages are so much higher 22 than the emergency medical services' damages? 23 MS. FLOWERS: Object to the form of 24 the question and the characterization of the 25 document, which speaks for itself.</p>

<p style="text-align: right;">Page 258</p> <p>1 A. I do not know.</p> <p>2 Q. Are you surprised that the fire</p> <p>3 department's number is higher than the emergency</p> <p>4 medical services department's number?</p> <p>5 MS. FLOWERS: Lack of foundation.</p> <p>6 Objection as to form.</p> <p>7 A. No. What I suspect that you're</p> <p>8 seeing is what I described in some vague detail</p> <p>9 earlier about how the EMS numbers are split from</p> <p>10 the fire numbers in accounting practice.</p> <p>11 Q. Can you describe that practice in a</p> <p>12 little more detail for me?</p> <p>13 MS. FLOWERS: Objection. We're</p> <p>14 going to have to figure out a way to limit this</p> <p>15 because this gentleman has never seen this</p> <p>16 document before today, so I'm only going to let</p> <p>17 you go so far into what he -- this is a</p> <p>18 preliminary expert report, as I'm sure you</p> <p>19 realize.</p> <p>20 MR. CAREY: Okay. But he knows</p> <p>21 about the accounting practices, we talked about</p> <p>22 it a little bit earlier, and he said in vague</p> <p>23 detail, so I'm just asking him to describe that</p> <p>24 detail more --</p> <p>25 MS. FLOWERS: I thought you were</p>	<p style="text-align: right;">Page 260</p> <p>1 A. Those are practices that go back</p> <p>2 predating my involvement, and I can't speak to</p> <p>3 why it was set up that way.</p> <p>4 Q. So before your involvement as head</p> <p>5 of the accounting services division?</p> <p>6 A. That's correct.</p> <p>7 Q. You never asked anybody why it was</p> <p>8 done that way while you were head of the</p> <p>9 accounting services division?</p> <p>10 MS. FLOWERS: Objection.</p> <p>11 Argumentative.</p> <p>12 A. I do not remember having a specific</p> <p>13 conversation. I did state in my testimony</p> <p>14 earlier that in my time we did work with finance</p> <p>15 to try and more accurately apply this personnel</p> <p>16 into the EMS side of our budget to more</p> <p>17 accurately reflect the true breakdown of where</p> <p>18 our expenses are, but it's still being handled</p> <p>19 mostly at the finance department, and I can't</p> <p>20 give you the gory details about how that's done.</p> <p>21 MR. CAREY: Let's take five.</p> <p>22 THE VIDEOGRAPHER: Off the record at</p> <p>23 5:32.</p> <p>24 (Recess had.)</p> <p>25 THE VIDEOGRAPHER: We're back on the</p>
<p style="text-align: right;">Page 259</p> <p>1 asking him to explain this document.</p> <p>2 MR. CAREY: No. His reference was</p> <p>3 to him discussing the accounting practices and</p> <p>4 why some numbers are attributed -- I'm assuming</p> <p>5 some numbers are attributed to EMS and some are</p> <p>6 attributed to fire, and I'm just asking for some</p> <p>7 further explanation on why that happens in the</p> <p>8 budget process.</p> <p>9 MS. FLOWERS: Do you understand the</p> <p>10 question.</p> <p>11 THE WITNESS: I do understand the</p> <p>12 question?</p> <p>13 A. And I guess all I'm trying to point</p> <p>14 out is that what you're suggesting is that these</p> <p>15 numbers indicate it's 9 million dollars for fire</p> <p>16 trucks and only 1 million -- 1.6 million dollars</p> <p>17 for ambulances, and I'm suggesting what we're</p> <p>18 really seeing is the totality is 10.7 million</p> <p>19 dollars for the fire department. That's my</p> <p>20 point.</p> <p>21 Q. Again, not necessarily referencing</p> <p>22 this specific document, but why are certain</p> <p>23 costs attributed to the fire department and</p> <p>24 other costs attributed to the EMS division</p> <p>25 during the budget process?</p>	<p style="text-align: right;">Page 261</p> <p>1 record. The time is 5:38.</p> <p>2 BY MR. CAREY:</p> <p>3 Q. Okay, Chief. Just hopefully really</p> <p>4 quick and I'll try to short circuit.</p> <p>5 We were talking a little bit about</p> <p>6 verifications, the verification pages for the</p> <p>7 interrogatories, and you said -- we looked at</p> <p>8 one of them and you said you remember verifying</p> <p>9 other sets -- other responses to</p> <p>10 interrogatories. Is that right?</p> <p>11 MS. FLOWERS: Object to the form.</p> <p>12 A. I have signed multiple verification</p> <p>13 pages. My understanding is that I was</p> <p>14 reverifying additional changes to the original</p> <p>15 set that I received.</p> <p>16 Q. And other than when there are</p> <p>17 amended responses where you are verifying -- we</p> <p>18 can look at these if you want to. I'm just</p> <p>19 trying to save us all the hassle of entering all</p> <p>20 these in and talking about them. Other than</p> <p>21 when you were verifying amended responses, there</p> <p>22 were other instances where you verified just the</p> <p>23 original response, if there was no amended</p> <p>24 response, correct?</p> <p>25 A. Yes, sir.</p>

<p style="text-align: right;">Page 262</p> <p>1 Q. Was your practice for verifying the 2 responses the same across all of the times you 3 verified responses? 4 A. Yes, sir. 5 Q. And that practice was to read the 6 responses? 7 A. Yes, sir. 8 Q. And for any of the responses that 9 you verified, did you talk to anyone else other 10 than your attorneys about the information 11 contained in the responses before you verified 12 them? 13 A. No, sir. 14 MR. CAREY: That's it for me. I 15 think a few of my colleagues have some 16 questions. But I appreciate your time today. 17 THE WITNESS: You as well. 18 EXAMINATION OF CHARLES I. TWIGG, IV 19 BY MR. LANNIN: 20 Q. Chief Twigg, my name is Cortlin 21 Lannin. I'm a colleague of Mr. Carey's and also 22 represent the Defendant, McKesson Corporation, 23 in this case. I just have a few questions for 24 you. It's been a long day. I've been taking 25 notes along the way, but I confess there's a few</p>	<p style="text-align: right;">Page 264</p> <p>1 that fair? 2 MS. FLOWERS: Objection. 3 A. I don't believe that's exactly the 4 way I characterized it. I think I was 5 responding to a question regarding one of the 6 exhibits that was a spreadsheet of sorts with 7 lots of rows and columns, and I believe during 8 that line of questioning I said there is not a 9 specific check box in the CAD questioning that 10 delineated that it was an opioid-related 11 response. 12 Q. And that's exactly the testimony I 13 was referring to. Thank you for the 14 clarification. No check box, as you put it. 15 What I believe I heard you say is testimony to 16 the effect that one would need to review the 17 records for indications of symptoms that might 18 be consistent with an overdose, and I believe 19 you used lack of consciousness, for example, as 20 an example. Is that fair? 21 MS. FLOWERS: Objection to the form. 22 A. That is a fair description, but 23 what's being left out is the fact that we're 24 specifically referring to the CAD itself and the 25 CAD system. That's not to say that there aren't</p>
<p style="text-align: right;">Page 263</p> <p>1 things that I just didn't quite catch the first 2 time around, so I promise I'll be quick, but if 3 you bear with me on a few clarifications. 4 Talking about the CAD system -- and 5 could you just refresh my memory, sir. How 6 many -- approximately how many calls come into 7 the dispatching center in a given year? 8 A. I guesstimated -- I believe in my 9 previous testimony I guessed between 250 and 10 300,000. The reason I say it that way is 11 because I'm not a hundred percent positive of 12 the calls on the police side and the numbers 13 involved, but I believe that to be a good rough 14 estimate. 15 Q. Understood. 16 And in 2018, for example, your best 17 guesstimate is somewhere between 250 to 300,000 18 calls came in? 19 A. Yes, sir. 20 Q. I understand if I was to be 21 interested in finding in the CAD system how many 22 of those incoming calls were related to an 23 opioid-related emergency, I believe you 24 testified there's no simple query you could make 25 to pull all those records automatically. Is</p>	<p style="text-align: right;">Page 265</p> <p>1 other methods that more clearly help us identify 2 opioid calls, and that's, you know, in reference 3 to some of our EMS software, for example. 4 Q. So just to make sure I understand, 5 what I had thought you suggested was you would 6 review records from the -- for this exercise for 7 the CAD system, you would want to look for 8 records where there was some indication of a 9 potential overdose and then you would need to 10 take the additional step of cross-referencing 11 that record with additional records that may be 12 available to determine if it, in fact, was an 13 opioid-related call; is that fair? 14 MS. FLOWERS: Objection. Lack of 15 foundation and misstates the witness' testimony. 16 A. I believe my testimony earlier 17 suggested that, for the time frames where we do 18 not have the -- or the patient care reports 19 electronically captured, so pre-AFIRS, pre-ESO, 20 I was being asked about how I would identify 21 opioid calls from the CAD system, and I 22 suggested that you would run queries on key 23 words that could then generate a list of 24 incident numbers, which then you would compare 25 to the written reports. That process wouldn't</p>

<p style="text-align: right;">Page 266</p> <p>1 be necessary once those reports were being 2 captured electronically. 3 Q. And why is that? 4 A. Because those same key words and 5 identifiers are actually data fields in the EMS 6 reports. 7 Q. I understand you might be able to 8 search for overdose, for example, in the CAD 9 records and in the AFIRS or ESO record as well, 10 but wouldn't you still need to manually review 11 that record to determine what the content or the 12 context for that call was? 13 MS. FLOWERS: Objection. Lack of 14 foundation. 15 A. Which time frame is your question in 16 reference to? 17 Q. Post-implementation of AFIRS. 18 A. I don't believe that would be the 19 best way to go about doing it, keeping in mind 20 I'm not the one that searches those records, but 21 I believe we have the ability to fine-tune the 22 search through AFIRS and ESO at a much greater 23 level than we could through the CAD system, so 24 the cross-referencing of the paper copies would 25 not be required.</p>	<p style="text-align: right;">Page 268</p> <p>1 the run report; is that right? 2 A. I don't know if we did the CAD 3 queries overlapping the electronic time frames 4 when we had the EPCRs and AFIRS. I don't know 5 if that was done or not. 6 Q. If I was interested in whether a 7 specific opioid caused a given call, for 8 example, if it was heroin or a prescription 9 opioid, I assume the CAD data standing alone 10 doesn't have the information available to make 11 that determination? 12 MS. FLOWERS: Objection to the form. 13 Lack of foundation. 14 A. I don't know if the CAD data would 15 have that information. 16 Q. Well, if it doesn't permit you to 17 definitively determine whether a given call was 18 related to opioids in general, how could it 19 possibly allow you to determine the specific 20 opioid that caused a call? 21 MS. FLOWERS: Objection to the form. 22 A. It would be physically possible that 23 a caller says my family member inadvertently 24 took too much OxyContin, and that would show up 25 in the CAD data possibly.</p>
<p style="text-align: right;">Page 267</p> <p>1 Q. So let me step back to the first 2 step, which is if I'm solely interested in 3 incoming calls that were related to opioid 4 incidents, the CAD data itself will not provide 5 definitive information about how many of those 6 calls were related to an opioid incident; isn't 7 that right? 8 MS. FLOWERS: Form and foundation. 9 A. I don't believe that anyone in our 10 organization has used CAD data by itself to in 11 any way indicate the number of opioid-related 12 calls we've responded to. 13 Q. And, sir, I understand no one has 14 done it, but what I'm asking you is that's 15 because it's not possible; isn't that right? 16 MS. FLOWERS: Objection. Calls for 17 speculation. 18 A. I do not work on the CAD. I'm just 19 going based on my knowledge of what we've done 20 so far and my knowledge of what some of our IT 21 folks were trying to accomplish. To the best of 22 my knowledge, going off CAD data, we use that 23 CAD data to give us a list of runs that we can 24 go check the paper copies on. 25 Q. Or check the electronic version of</p>	<p style="text-align: right;">Page 269</p> <p>1 Q. So reviewing records individually, 2 the 250 to 300,000 records individually on a 3 record-by-record basis might give a hint of a -- 4 in some instances of where a specific opioid was 5 the source of a call? 6 MS. FLOWERS: Objection. Lack of 7 foundation. 8 A. My understanding of our IT's 9 interaction with some of these CAD searches was 10 that they were doing queries for key words, and 11 I'm suggesting that it is possible that a query 12 of specific drug names might give you an 13 indication of a specific drug used in -- you 14 know, involved with an overdose, which I thought 15 was what you were asking me. 16 Q. That helps. I appreciate that. 17 And, to your knowledge, has anyone 18 in your department done that type of querying 19 based on a specific name? 20 MS. FLOWERS: Objection. 21 A. I do not -- I was not involved in 22 the specific request for the records. That was 23 done directly with some of the IT folks. So I 24 can't speak to which key words or queries were 25 run.</p>

<p style="text-align: right;">Page 270</p> <p>1 Q. Switching over to the databases that 2 contain the run reports, what I've been calling 3 run reports -- I know that there may be a more 4 formal name. I understand those to be AFIRS and 5 ESO. Is that right? 6 A. Yes, sir. 7 Q. To use your terminology, does AFIRS 8 or ESO have a check box one could use to 9 determine when a given run was related to an 10 opioid incident? 11 MS. FLOWERS: Objection. Asked and 12 answered. 13 A. My understanding of those two 14 systems is somewhat limited because I'm not a 15 medic and I don't operate with it regularly, and 16 I believe we have been using Narcan 17 administration as the most reliable indicator of 18 a run that we should be looking at. 19 Q. And the ESO or AFIRS database will 20 include a field that would indicate when Narcan 21 had been dispensed in a given incident? 22 A. Yes, sir. 23 Q. You would agree that there are 24 instances where Narcan had been administered 25 when, in fact, an opioid was not the cause of</p>	<p style="text-align: right;">Page 272</p> <p>1 opioid was the cause of a given emergency, 2 again, say heroin or a specific prescription 3 opioid, how would one go about searching for 4 that information in the AFIRS or ESO databases? 5 MS. FLOWERS: Objection. Asked and 6 answered. 7 A. I don't believe that either of our 8 databases are set up specifically to do that, 9 nor have we spent time trying to do that, 10 keeping in mind that quite often we don't know 11 or don't find out ever what the patient was 12 overdosing on. 13 Q. And that actually is one thing I 14 wanted to ask you. I believe you earlier today 15 said it may be that a paramedic enters a scene 16 and sees paraphernalia or evidence that would 17 reveal the specific opioid, but in other cases 18 that's just not the case. Is that fair? 19 A. That is fair. 20 Q. And on a totally different note, 21 Chief, on the budget issues -- we can introduce 22 an exhibit if we need to, but, to your 23 knowledge, are there any specific line items in 24 the fire department's budget that are 25 attributable exclusively -- exclusively to</p>
<p style="text-align: right;">Page 271</p> <p>1 the underlying emergency? 2 A. I would agree that the potential 3 exists that that could have happened, but I 4 would keep that in the context of I personally 5 believe there is a much greater happenstance of 6 times where we didn't administer Narcan and 7 there was an opioid involved, so I think, if 8 anything, we're on the conservative side when we 9 use Narcan administration as a way of 10 identifying those calls. 11 Q. But, at best, Narcan administration 12 is a proxy that you might use to determine when 13 a given emergency incident was related to 14 opioids? 15 MS. FLOWERS: Objection to the form. 16 Q. Is that fair? 17 A. I don't know if I'm agreeing with 18 your exact description. I concede the fact that 19 Narcan administration is not directly equal to a 20 hundred percent guarantee that an opioid was 21 involved. There's bound to be times where we 22 have used that medication to be conservative and 23 it may not have been needed. 24 Q. And if I was interested in 25 determining how many times that a specific</p>	<p style="text-align: right;">Page 273</p> <p>1 opioid-related costs? 2 MS. FLOWERS: Object to the form. 3 A. No. I think it would be almost the 4 opposite. It would be there isn't a specific. 5 I think every single line item has a little bit 6 of opioid-related costs. 7 MR. LANNIN: Very good. That's all 8 I have, but I'm afraid some of my colleagues 9 have a few additional questions for you. 10 THE VIDEOGRAPHER: Off the record, 11 5:54. 12 (Short recess had.) 13 THE VIDEOGRAPHER: On the record, 14 5:55. 15 EXAMINATION OF CHARLES I. TWIGG, IV 16 BY MR. GOLDSTEIN: 17 Q. Hi, Chief Twigg. My name is Josh 18 Goldstein, as I mentioned what seems like a long 19 time ago. I represent one of the defendants in 20 this litigation, and I appreciate it's been a 21 long day, but I'm just going to ask you a few 22 more questions. 23 Just following up on the 24 conversation you were just having, are fire/EMS 25 personnel in Akron trained to, when they arrive</p>

<p style="text-align: right;">Page 274</p> <p>1 at the scene of an overdose, attempt to 2 determine what caused the overdose? 3 A. In direct terms, we are not trained 4 to specifically -- we are not training our 5 individuals to specifically investigate on 6 scene. We do train our individuals to have a 7 certain degree of situational awareness that 8 might affect their own safety. So while we ask 9 them to be aware of powders or sharps or any 10 other type on-scene hazards, we are not asking 11 them to try and figure out what the cause of the 12 overdose is. We want them to focus on patient 13 care. 14 Q. Is there a protocol in place that 15 governs when fire or EMS personnel are supposed 16 to administer Narcan? 17 A. There is. 18 Q. Are you familiar with that protocol? 19 A. I'm not familiar with the 20 line-by-line description of the paramedic 21 protocol in regards to Narcan or most other 22 medications at this point. I haven't had to 23 pass the protocol test since -- a long time ago. 24 Q. And just to clarify, you just said 25 the paramedic protocol. Is there a separate</p>	<p style="text-align: right;">Page 276</p> <p>1 prescription or illegal drug use, any history 2 based on bystanders of the same and/or 3 pinpointed pupils would all be things that would 4 give an indication to some EMTs that it might be 5 appropriate to administer Narcan at that time. 6 Q. Is it fair to say that the fire and 7 EMT personnel have a good deal of discretion in 8 determining when to administer Narcan? 9 A. I don't know if I'd use the term 10 "discretion," no. 11 Q. What term would you use? 12 A. I think that we have sent the 13 message to our personnel that should there be a 14 question, that they're safer to administer than 15 to not administer. 16 Q. So -- sorry. Strike that. 17 How was that message conveyed to 18 your personnel? 19 A. Through training. 20 Q. So is it fair to say they're trained 21 to err on the side of administering Narcan if 22 they have a question about whether to administer 23 it or not? 24 A. Yes, that's fair to say that. 25 Q. Now, you listed a number of factors</p>
<p style="text-align: right;">Page 275</p> <p>1 protocol that applies for fire and EMS 2 personnel? 3 MS. FLOWERS: Objection. 4 A. No. There's only one protocol on 5 the fire department and that refers to the 6 paramedic protocol. We do not currently have a 7 fire or EMT-B protocol by definition. 8 Q. And so how did the fire/EMT-B 9 personnel know when to administer Narcan? 10 A. Through training, in regards to 11 unresponsive and non-breathing patients, we've 12 instructed them that it's acceptable to 13 administer Narcan under those circumstances. 14 Q. So I take it there's no written 15 document that specifies what the criteria is for 16 administering Narcan? 17 MS. FLOWERS: Objection. Lack of 18 foundation. 19 A. There is not. 20 Q. Can you describe at a high level 21 what the training and -- what it is that the 22 training dictates on when Narcan should be 23 administered? 24 A. Unresponsive patient that has 25 impaired breathing, any obvious signs of</p>	<p style="text-align: right;">Page 277</p> <p>1 that the personnel are trained to look for when 2 determining whether to administer Narcan. Are 3 all of those factors required to be present in 4 order for fire/EMT personnel to administer 5 Narcan? 6 MS. FLOWERS: Object to the form. 7 A. No. 8 Q. And just to be clear, the factors 9 I'm referring to are impaired breathing, any 10 obvious signs of prescription or illegal drug 11 use, history, pupil dilation. Are there any 12 others that I'm missing? 13 MS. FLOWERS: Object to the form. 14 A. Not off the top of my head. 15 Q. Can fire or EMT personnel administer 16 Narcan if none of those factors are present? 17 MS. FLOWERS: Objection. 18 A. I don't think that scenario makes 19 sense. We wouldn't administer Narcan without 20 some -- some reason to do so. 21 Q. Sure. I wasn't trying to suggest 22 otherwise. Let me ask you this: If only one of 23 those factors is present, is it possible that 24 fire/EMT personnel will administer Narcan? 25 MS. FLOWERS: Objection. Calls for</p>

<p style="text-align: right;">Page 278</p> <p>1 speculation.</p> <p>2 A. It's hard for me to answer a</p> <p>3 hypothetical without knowing the totality of the</p> <p>4 circumstances.</p> <p>5 Q. Does the AFD conduct any -- strike</p> <p>6 that.</p> <p>7 Is there any review process when</p> <p>8 Narcan is administered to determine if that</p> <p>9 administration was appropriate under the</p> <p>10 circumstances?</p> <p>11 A. Not that I'm aware of.</p> <p>12 Q. Now, you testified that one of the</p> <p>13 factors that might lead EMT personnel to</p> <p>14 administer Narcan was signs of prescription or</p> <p>15 illegal drug use; is that right?</p> <p>16 A. It is.</p> <p>17 Q. And those signs might be</p> <p>18 paraphernalia at the scene of the overdose?</p> <p>19 A. That could be one version.</p> <p>20 Q. What would the other signs be?</p> <p>21 A. I said that should there be signs of</p> <p>22 prescription -- I said should there be signs of</p> <p>23 prescription or illegal drug use.</p> <p>24 Q. And what would the signs be that</p> <p>25 they would be looking for?</p>	<p style="text-align: right;">Page 280</p> <p>1 So that's where those details would be kept.</p> <p>2 Q. Just so I understand your testimony,</p> <p>3 with respect to fire/EMS personnel responding to</p> <p>4 the scene of an overdose, are they given any</p> <p>5 training or instruction about recording evidence</p> <p>6 that they find at the scene that would suggest</p> <p>7 prescription or illegal drug use?</p> <p>8 MS. FLOWERS: Object to the form.</p> <p>9 A. We have always traditionally told</p> <p>10 our medics that we would like them to give as</p> <p>11 many details as possible in their report. I</p> <p>12 can't guarantee that every single overdose</p> <p>13 they've been on, that the details of what was</p> <p>14 found near the patient ended up being recorded</p> <p>15 in the narrative.</p> <p>16 Q. But, generally speaking, you would</p> <p>17 expect it to end up in the narrative?</p> <p>18 A. Generally speaking, we ask the</p> <p>19 medics to give the best picture possible via the</p> <p>20 report for definitive care later on, so we would</p> <p>21 expect them, to the best of their ability, to</p> <p>22 include that information, when it's available.</p> <p>23 Q. Are any of the medics or fire or EMS</p> <p>24 personnel instructed to -- strike that.</p> <p>25 Are there ever circumstances in</p>
<p style="text-align: right;">Page 279</p> <p>1 A. Well, should we find an unconscious</p> <p>2 patient with a pill bottle near them or some</p> <p>3 evidence that they have ingested a certain</p> <p>4 number of pills would be an example as well.</p> <p>5 Q. Can you think of other examples that</p> <p>6 would indicate prescription or illegal drug use</p> <p>7 that a fire or EMT personnel might find at the</p> <p>8 scene?</p> <p>9 A. It's not uncommon for a caller or a</p> <p>10 family member or some sort of witness to give us</p> <p>11 some sort of history leading us to believe that</p> <p>12 the person may have used either.</p> <p>13 Q. When fire/EMT personnel discover</p> <p>14 evidence, as indicated, that would suggest</p> <p>15 prescription or illegal drug use, are they</p> <p>16 instructed to include that information in the</p> <p>17 reports we've been speaking about, AFIRS, ESO,</p> <p>18 the CAD reports?</p> <p>19 MS. FLOWERS: Object to the form.</p> <p>20 A. I believe I testified earlier that I</p> <p>21 cannot see a circumstance where a fire apparatus</p> <p>22 would be responding where a medical apparatus</p> <p>23 wasn't coming along with them. So the ultimate</p> <p>24 responsibility for the completeness of the</p> <p>25 patient care report would fall to the med unit.</p>	<p style="text-align: right;">Page 281</p> <p>1 which the run reports we've been discussing will</p> <p>2 be amended following their submission to reflect</p> <p>3 updated information that Akron Fire might</p> <p>4 receive about a particular overdose victim?</p> <p>5 A. Part one of your question, do we</p> <p>6 ever amend our reports, there is a process to</p> <p>7 add additional information to a report after the</p> <p>8 fact. I cannot think of a single circumstance</p> <p>9 where we went back and updated a report the way</p> <p>10 you're describing.</p> <p>11 Q. So, for instance, in an overdose</p> <p>12 victim where -- strike that.</p> <p>13 If when fire/EMS personnel arrive at</p> <p>14 the scene of an overdose and discovered evidence</p> <p>15 of potential prescription or illegal drug use</p> <p>16 but then -- let's say for the sake of this</p> <p>17 hypothetical that the medical examiner</p> <p>18 subsequently determines that the cause of the --</p> <p>19 of death was something unrelated to drug use,</p> <p>20 the report wouldn't be amended?</p> <p>21 MS. FLOWERS: Object to the form.</p> <p>22 A. I'm not aware of a circumstance</p> <p>23 where we updated a med report based on follow-up</p> <p>24 information from the medical examiner.</p> <p>25 Q. I believe we touched on this</p>

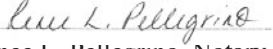
<p style="text-align: right;">Page 282</p> <p>1 earlier, but when -- so I think at the beginning</p> <p>2 when we were just talking, you mentioned that</p> <p>3 medics are subject to a protocol that governs</p> <p>4 when they can give out medications?</p> <p>5 A. That is correct.</p> <p>6 Q. And does that cover all medications</p> <p>7 that the medics carry with them?</p> <p>8 MS. FLOWERS: Object to the form.</p> <p>9 A. That is correct.</p> <p>10 Q. And I believe you testified earlier</p> <p>11 today that you're aware of at least one opioid</p> <p>12 that medics carry?</p> <p>13 A. I believe we're still carrying</p> <p>14 morphine.</p> <p>15 Q. Do you know if you carry fentanyl?</p> <p>16 A. I do not recall.</p> <p>17 Q. And so whenever those medications</p> <p>18 are administered by paramedics, it's pursuant to</p> <p>19 the protocol that's in place?</p> <p>20 MS. FLOWERS: Object to the form.</p> <p>21 A. Absolutely.</p> <p>22 Q. And who designs that protocol?</p> <p>23 A. Our protocol is governed by our</p> <p>24 medical director.</p> <p>25 Q. And who is that?</p>	<p style="text-align: right;">Page 284</p> <p>1 this case, to hand out I think what you</p> <p>2 characterized as drug disposal bags. Do you</p> <p>3 recall that testimony?</p> <p>4 A. I do.</p> <p>5 Q. How did you learn about that</p> <p>6 program?</p> <p>7 A. I got to be -- I don't recall if I</p> <p>8 learned about it via e-mail or through the city.</p> <p>9 I just remember it was Summit County Public</p> <p>10 Health. We went to their office for the press</p> <p>11 conference and I know we found out about it</p> <p>12 through them. I can't remember the specifics of</p> <p>13 how I got the information.</p> <p>14 Q. Do you recall what that initiative</p> <p>15 was?</p> <p>16 A. I believe I testified earlier that</p> <p>17 they made, I want to say, hundreds, if not</p> <p>18 thousands, of these bags available throughout</p> <p>19 the community at pharmacies, and then I think</p> <p>20 they were distributed to county EMS systems as</p> <p>21 well, to be stored on med units, and should you</p> <p>22 be at a house that had a lot of prescription</p> <p>23 drugs, we were free to offer them to the</p> <p>24 individuals as a way to dispose of them.</p> <p>25 Q. And what was your understanding of</p>
<p style="text-align: right;">Page 283</p> <p>1 A. Right now it's Dr. Amy Raubenolt.</p> <p>2 Q. Do you know when the last time your</p> <p>3 protocol was amended?</p> <p>4 A. I think we had one sometime in 2018.</p> <p>5 I can't remember.</p> <p>6 Q. And what about prior to that date?</p> <p>7 A. It's not unusual for us to have</p> <p>8 minor updates to the protocol on an annual</p> <p>9 basis.</p> <p>10 Q. Just to go back for a second, do you</p> <p>11 recall if fentanyl was ever part of -- was ever</p> <p>12 one of the medications that paramedics were</p> <p>13 permitted to administer?</p> <p>14 A. To be honest, I just don't remember.</p> <p>15 Q. And the medical director who's in</p> <p>16 place now, she's a licensed physician, I take</p> <p>17 it?</p> <p>18 A. Yes.</p> <p>19 Q. Do you know if she has any</p> <p>20 specialty?</p> <p>21 A. I believe she has her emergency</p> <p>22 medicine fellowship and such.</p> <p>23 Q. Now, you spoke earlier today about</p> <p>24 an initiative that was associated with</p> <p>25 Mallinckrodt, which is one of the defendants in</p>	<p style="text-align: right;">Page 285</p> <p>1 the purpose of that initiative?</p> <p>2 A. Well, I -- I understood it to be a</p> <p>3 two-part initiative; that, one, it's better for</p> <p>4 the environment not to be flushing them down the</p> <p>5 toilet and such, and then I believe as an</p> <p>6 attempt to cut down on the potential for older</p> <p>7 medications laying around to be there</p> <p>8 accidentally or purposefully misused.</p> <p>9 Q. And did you -- fair to say you</p> <p>10 supported that initiative?</p> <p>11 A. We supported that initiative through</p> <p>12 EMS and handed them out to our med units.</p> <p>13 Q. And did you personally support that</p> <p>14 initiative?</p> <p>15 MS. FLOWERS: Object to the form.</p> <p>16 A. I'm not sure what you mean by</p> <p>17 personally, but I made sure, through our EMS</p> <p>18 team, that everybody was made aware of the</p> <p>19 resource.</p> <p>20 Q. Did you think that that initiative</p> <p>21 was a good idea?</p> <p>22 A. I felt it was important that we</p> <p>23 offer the public every possible resource we can</p> <p>24 to help combat the problem we were facing, are</p> <p>25 facing.</p>

<p style="text-align: right;">Page 286</p> <p>1 Q. And this was one of those resources?</p> <p>2 A. Yes.</p> <p>3 MS. FLOWERS: Objection.</p> <p>4 Q. I believe you testified earlier that</p> <p>5 the fire and EMS personnel began carrying Narcan</p> <p>6 in August of 2016. Do you recall that?</p> <p>7 A. I believe so, yes.</p> <p>8 Q. And prior to that was it only</p> <p>9 paramedics that were permitted to carry Narcan</p> <p>10 in Akron?</p> <p>11 A. It is. That's correct.</p> <p>12 Q. Are you aware if paramedics ever</p> <p>13 used Narcan prior to August of 2016?</p> <p>14 MS. FLOWERS: Object to the form.</p> <p>15 A. Yeah. I testified earlier that I</p> <p>16 had used Narcan all the way back in the '90s as</p> <p>17 a medic.</p> <p>18 Q. I recall that testimony now. Thank</p> <p>19 you.</p> <p>20 A. Sure.</p> <p>21 Q. Are you surprised that fire and EMS</p> <p>22 personnel didn't begin carrying Narcan until</p> <p>23 August of 2016?</p> <p>24 MS. FLOWERS: Objection to the form.</p> <p>25 A. No. I'm not surprised.</p>	<p style="text-align: right;">Page 288</p> <p>1 would that have helped save lives during that</p> <p>2 time?</p> <p>3 MS. FLOWERS: Objection. Lack of</p> <p>4 foundation. Calls for speculation.</p> <p>5 A. I'm not really sure, without</p> <p>6 reviewing the specific deaths involved during</p> <p>7 that time frame, how many would have been</p> <p>8 workable at all. One of the reasons why we were</p> <p>9 maybe a little bit slower to adopt the practice</p> <p>10 in Akron is we have such short response times,</p> <p>11 it was unclear how often a fire apparatus would</p> <p>12 be able to beat a med unit to the scene. So I</p> <p>13 have no way of analyzing your question of would</p> <p>14 Narcan made a difference at that specific time</p> <p>15 on the fire apparatus, as you asked.</p> <p>16 Q. Have you ever looked into that</p> <p>17 question of how often fire and EMS personnel</p> <p>18 beats a paramedic to the scene?</p> <p>19 A. I have not done any statistical</p> <p>20 analysis of it. When we finally made the</p> <p>21 decision, it was just deemed to be do everything</p> <p>22 we possibly can regardless of the difference it</p> <p>23 was -- how dramatic of a difference we might</p> <p>24 make. We wanted to be able to say we were doing</p> <p>25 everything we could think of to combat the</p>
<p style="text-align: right;">Page 287</p> <p>1 Q. Why not?</p> <p>2 A. I believe that EMS practices</p> <p>3 nationally are ever-evolving. I think we're in</p> <p>4 a constant review of best practices, and as much</p> <p>5 as we try and be forward thinking and proactive,</p> <p>6 we are, for the most part, a reactionary</p> <p>7 industry and we're doing our best to not jump</p> <p>8 into the newest fad at times, so we are cautious</p> <p>9 to make sure we're doing what's best for the</p> <p>10 public at all times. So I don't feel that</p> <p>11 our -- the timeline in which we conducted our</p> <p>12 changes were surprising.</p> <p>13 Q. In hindsight, do you wish that fire</p> <p>14 and EMS personnel had begun carrying Narcan</p> <p>15 prior to August of 2016?</p> <p>16 MS. FLOWERS: Object to the form.</p> <p>17 A. I think, in hindsight, I would have</p> <p>18 been more aggressive with all the different</p> <p>19 initiatives that we took, and I wish I would</p> <p>20 have had ability to foresee the number of deaths</p> <p>21 that this was going to cause and had more time</p> <p>22 to do something about it, in hindsight, sure.</p> <p>23 Q. Had fire and EMS personnel had</p> <p>24 Narcan during the July 4th, 2016 weekend that</p> <p>25 we -- that you discussed with Mr. Carey earlier,</p>	<p style="text-align: right;">Page 289</p> <p>1 problem.</p> <p>2 Q. Besides beginning to carry Narcan in</p> <p>3 August of 2016, are there other -- which of the</p> <p>4 other initiatives that were implemented, with</p> <p>5 the benefit of hindsight, do you wish were</p> <p>6 implemented prior to that time?</p> <p>7 A. If I had the benefit of hindsight, I</p> <p>8 would have tried to just slide the entire list</p> <p>9 of initiatives that we have instituted just, you</p> <p>10 know, further up the timeline. I don't -- can't</p> <p>11 think of a specific one that -- where I would</p> <p>12 rearrange any differently. I would just move</p> <p>13 the whole block of stuff a couple of years</p> <p>14 forward if hindsight was an option.</p> <p>15 Q. When you say "a couple years</p> <p>16 forward," you mean 2013, 2014?</p> <p>17 MS. FLOWERS: Objection to the form.</p> <p>18 Lack of foundation.</p> <p>19 A. I would say that we would move our</p> <p>20 timeline up a couple of years, yes.</p> <p>21 Q. Are there any initiatives that would</p> <p>22 have been better moving up even further, prior</p> <p>23 to 2013?</p> <p>24 MS. FLOWERS: Object to the form.</p> <p>25 A. I think that starts really getting</p>

<p style="text-align: right;">Page 290</p> <p>1 into obscure speculation about what could have, 2 should have, would have. You know, to answer 3 your question as directly as I could, would I 4 have moved things up a little bit, I sure would 5 have. But at what point do you go to, it's kind 6 of hard to tell at this point. 7 Q. I believe you testified that there 8 was a steady increase in calls sort of over time 9 and then there was a noticeable spike in calls 10 in the 2015-2016 time period. Do you recall 11 that? 12 A. I recall. 13 MS. FLOWERS: Objection. 14 Q. Do you have a sense of what the -- 15 what that steady increase was before the spike, 16 so on an annual basis how much -- you know, how 17 many more calls you were seeing year after year? 18 MS. FLOWERS: Object to the form. 19 A. I don't have a specific percentage 20 of slow increase off the top of my head. 21 Q. Do you recall what the increase was 22 when you saw this spike that you testified 23 about? 24 MS. FLOWERS: Objection. 25 A. No. I do not have a single specific</p>	<p style="text-align: right;">Page 292</p> <p>1 type of thing, so I have been aware over the 2 years of individuals that are on light duty and 3 might have restrictions for driving, for 4 example, due to a prescription that I didn't 5 know the specifics about, but I think I was 6 aware at one time or another that someone might 7 be on some sort of pain medication and wasn't 8 allowed to drive while they were on light duty. 9 Q. Do you recall ever having any 10 discussions with any fire/EMS personnel about 11 the fact that they were taking prescription 12 opioids? 13 MS. FLOWERS: Objection. Lack of 14 foundation. 15 A. No, but I can say that I've had 16 conversations with people in recent years where 17 we have all identified the fact that this entire 18 crisis has kind of impacted our opinions on us 19 using them ourselves. Like I described earlier, 20 I try to avoid them personally, and I've found 21 other firefighters that have that same opinion. 22 MR. MILLER: Can we go off the 23 record? 24 THE VIDEOGRAPHER: Off the record at 25 6:22.</p>
<p style="text-align: right;">Page 291</p> <p>1 attribution to offer about why our numbers have 2 gradually increased over the length of my 3 career. 4 Q. Are you -- strike that. 5 Do you have any explanation for what 6 the gradual increase was year after year? 7 MS. FLOWERS: Objection. Asked and 8 answered. 9 Q. I'll strike the question and move 10 on. 11 Are you aware of any fire or EMS 12 personnel besides yourself over the years who 13 were taking prescription opioids at one time or 14 another? 15 MS. FLOWERS: Object to the form. 16 A. I can't think of a -- any specific 17 knowledge I have about any specific firefighter 18 taking a specific opioid prescription. 19 Q. Are you aware generally of that 20 occurring? 21 MS. FLOWERS: Object to the form. 22 A. In my role in administration, it's 23 not unusual for us to be involved with 24 firefighters that are on light duty as they 25 recover from injuries and surgeries and that</p>	<p style="text-align: right;">Page 293</p> <p>1 (Recess had.) 2 THE VIDEOGRAPHER: Back on the 3 record, 6:23. 4 EXAMINATION OF CHARLES I. TWIGG, IV 5 BY MS. MORRISON: 6 Q. Chief Twigg, you agree that 7 prescription opioids have legitimate medical 8 use, correct? 9 MS. FLOWERS: Object to the form. 10 A. Could you ask the question again, 11 please? 12 Q. You testified earlier that 13 prescription opioids have been prescribed to 14 you, correct? 15 A. That is correct. 16 Q. And that opioid medications are part 17 of the medication protocol used by the 18 department's paramedics, correct? 19 A. That is correct. I testified to 20 that. 21 Q. You also testified earlier that this 22 crisis, the opioid crisis, as you termed it, is 23 related to at some point in recent history some 24 of our citizens were taking more prescribed 25 medications than would have been beneficial. Do</p>

<p style="text-align: right;">Page 294</p> <p>1 you remember that testimony?</p> <p>2 MS. FLOWERS: Object to the form.</p> <p>3 Mischaracterization of the testimony.</p> <p>4 A. I remember discussing that subject.</p> <p>5 Q. You're not offering a medical</p> <p>6 opinion that city residents have actually been</p> <p>7 prescribed more opioid medications than would</p> <p>8 have been beneficial to them, correct?</p> <p>9 MS. FLOWERS: Object to the form.</p> <p>10 A. I believe what was in the back of my</p> <p>11 mind when I made that comment was that through</p> <p>12 just general knowledge that I've acquired during</p> <p>13 this whole process, that our community has been</p> <p>14 the recipient of what would seem an inordinate</p> <p>15 number of pills per capita.</p> <p>16 Q. I'm going to stop you there, Chief.</p> <p>17 You're not offering a medical opinion. That's</p> <p>18 my question.</p> <p>19 A. No. I'm not a doctor.</p> <p>20 Q. And you're not offering a medical</p> <p>21 opinion that opioids should be eliminated,</p> <p>22 correct?</p> <p>23 MS. FLOWERS: Objection to the form.</p> <p>24 A. I don't believe I've ever suggested</p> <p>25 anything along those lines.</p>	<p style="text-align: right;">Page 296</p> <p>1 MS. FLOWERS: Object to the form.</p> <p>2 Lack of foundation.</p> <p>3 A. That's a true statement, to my</p> <p>4 knowledge.</p> <p>5 Q. Chief Twigg, you're not an expert on</p> <p>6 public health policy, correct?</p> <p>7 A. No, ma'am. I'm just a firefighter</p> <p>8 that's been in the EMS world for about 26 years</p> <p>9 now.</p> <p>10 Q. You're not a physician?</p> <p>11 A. No, ma'am.</p> <p>12 Q. You're not an expert on pain</p> <p>13 management or the treatment of pain?</p> <p>14 A. No.</p> <p>15 Q. You're not a pharmacist?</p> <p>16 A. No, ma'am.</p> <p>17 Q. You don't have any training or</p> <p>18 expertise in pharmacology?</p> <p>19 MS. FLOWERS: Objection.</p> <p>20 A. I did receive some training in</p> <p>21 pharmacology during paramedic school to some</p> <p>22 degree.</p> <p>23 Q. Other than any first aid training or</p> <p>24 paramedic school training, you don't have any</p> <p>25 training in pharmacology?</p>
<p style="text-align: right;">Page 295</p> <p>1 Q. You testified earlier there might be</p> <p>2 underreporting of overdoses based upon the fire</p> <p>3 and EMS reporting system works, based on how</p> <p>4 things are put into reports and then input into</p> <p>5 systems?</p> <p>6 A. I don't believe that was exactly how</p> <p>7 I characterized it. I was suggesting that there</p> <p>8 might be underreporting based on the fact that</p> <p>9 we don't have enough evidence on scene or</p> <p>10 post-call to ever identify that we were on an</p> <p>11 overdose and didn't know it.</p> <p>12 Q. You also, just previously with my</p> <p>13 colleague, talked about how the medic or EMS</p> <p>14 reporting has not been updated, to your</p> <p>15 knowledge, when suspected opioid use was later</p> <p>16 determined to not be an issue by the medical</p> <p>17 examiner or another medical professional.</p> <p>18 MS. FLOWERS: Object to the form.</p> <p>19 Lack of foundation. Misstates testimony.</p> <p>20 A. I testified that, to my knowledge,</p> <p>21 we've never updated a report with feedback</p> <p>22 from -- a medical report with feedback from the</p> <p>23 coroner.</p> <p>24 Q. So, to your knowledge, they've never</p> <p>25 removed a reference to opioids after the fact?</p>	<p style="text-align: right;">Page 297</p> <p>1 MS. FLOWERS: Object to the form.</p> <p>2 A. True statement.</p> <p>3 Q. Do you have any training or</p> <p>4 expertise in the diagnosis and treatment of</p> <p>5 mental health disorders?</p> <p>6 A. During paramedic and EMT school we</p> <p>7 spent quite a bit of time recognizing mental</p> <p>8 health disorders as it relates to emergency</p> <p>9 medicine.</p> <p>10 Q. You're not a psychologist or a</p> <p>11 psychiatrist, though, correct?</p> <p>12 A. No, ma'am.</p> <p>13 Q. Have you ever diagnosed a person as</p> <p>14 addicted to any substance?</p> <p>15 MS. FLOWERS: Objection to the form.</p> <p>16 A. No. As medics we don't diagnose</p> <p>17 anybody.</p> <p>18 Q. You're not an expert on the</p> <p>19 treatments of addiction?</p> <p>20 A. No, ma'am.</p> <p>21 MS. FLOWERS: Objection. Asked and</p> <p>22 answered. And I think we're over time.</p> <p>23 Q. And just to clarify one last point,</p> <p>24 to your knowledge, the fire department or EMS</p> <p>25 has never traced an overdose case back to a</p>

<p style="text-align: right;">Page 298</p> <p>1 particular prescription, correct?</p> <p>2 MS. FLOWERS: Objection to the form.</p> <p>3 Lack of foundation. Misstates the testimony.</p> <p>4 A. Will you ask it again, please?</p> <p>5 MS. MORRISON: Can you read the</p> <p>6 record?</p> <p>7 (Record read.)</p> <p>8 MS. FLOWERS: Same objections.</p> <p>9 A. I can't testify to the fact that we</p> <p>10 haven't been able to identify a specific</p> <p>11 medication on a specific overdose. I think I</p> <p>12 personally have been on calls where I could</p> <p>13 identify that a specific patient OD'd on a</p> <p>14 specific medicine.</p> <p>15 MS. FLOWERS: I think that's time,</p> <p>16 counselor.</p> <p>17 MS. MORRISON: Can I have the record</p> <p>18 time?</p> <p>19 THE VIDEOGRAPHER: Yes. We are at</p> <p>20 seven hours.</p> <p>21 MS. MORRISON: Thank you for your</p> <p>22 time, Chief.</p> <p>23 THE WITNESS: Absolutely.</p> <p>24 THE VIDEOGRAPHER: Off the record at</p> <p>25 6:28.</p>	<p style="text-align: right;">Page 300</p> <p>1 Whereupon, counsel was requested to give</p> <p>2 instruction regarding the witness' review of</p> <p>3 the transcript pursuant to the Civil Rules.</p> <p>4</p> <p>5 SIGNATURE:</p> <p>6 Transcript review was requested pursuant to</p> <p>7 the applicable Rules of Civil Procedure.</p> <p>8</p> <p>9 TRANSCRIPT DELIVERY:</p> <p>10 Counsel was requested to give instruction</p> <p>11 regarding delivery date of transcript.</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
<p style="text-align: right;">Page 299</p> <p>1</p> <p>2 (Deposition concluded at 6:28 p.m.)</p> <p>3 - - - - -</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 301</p> <p>1 REPORTER'S CERTIFICATE</p> <p>2 The State of Ohio,)</p> <p>3) SS:</p> <p>4 County of Cuyahoga.)</p> <p>5</p> <p>6 I, Renee L. Pellegrino, a Notary Public</p> <p>7 within and for the State of Ohio, duly</p> <p>8 commissioned and qualified, do hereby certify</p> <p>9 that the within named witness, CHARLES I. TWIGG, IV,</p> <p>10 was by me first duly sworn to testify the truth, the</p> <p>11 whole truth and nothing but the truth in the cause</p> <p>12 aforesaid; that the testimony then given by the</p> <p>13 above referenced witness was by me reduced to</p> <p>14 stenotypy in the presence of said witness;</p> <p>15 afterwards transcribed, and that the foregoing is a</p> <p>16 true and correct transcription of the testimony so</p> <p>17 given by the above referenced witness.</p> <p>18 I do further certify that this</p> <p>19 deposition was taken at the time and place in the</p> <p>20 foregoing caption specified and was completed</p> <p>21 without adjournment.</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>

<p style="text-align: right;">Page 302</p> <p>1 I do further certify that I am not a 2 relative, counsel or attorney for either party, 3 or otherwise interested in the event of this 4 action. 5 IN WITNESS WHEREOF, I have hereunto set 6 my hand and affixed my seal of office at 7 Cleveland, Ohio, on this 11th day of January, 2019. 8 9 10 11 12  13 Renee L. Pellegrino, Notary Public 14 within and for the State of Ohio 15 16 My commission expires October 12, 2020. 17 18 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 304</p> <p>1 DEPOSITION REVIEW CERTIFICATION OF WITNESS 2 3 ASSIGNMENT REFERENCE NO: 3104528 CASE NAME: In Re: National Prescription Opiate Litigation v. DATE OF DEPOSITION: 1/8/2019 4 WITNESS' NAME: Charles I. Twigg, IV 5 In accordance with the Rules of Civil Procedure, I have read the entire transcript of 6 my testimony or it has been read to me. 7 I have made no changes to the testimony as transcribed by the court reporter. 8 9 Date <u>Charles I. Twigg, IV</u> 10 Sworn to and subscribed before me, a Notary Public in and for the State and County, 11 the referenced witness did personally appear and acknowledge that: 12 13 They have read the transcript; 14 They signed the foregoing Sworn Statement; and 15 Their execution of this Statement is of their free act and deed. 16 17 I have affixed my name and official seal this _____ day of _____, 20____. 18 19 Notary Public Commission Expiration Date 20 21 22 23 24 25</p>
<p style="text-align: right;">Page 303</p> <p>1 Veritext Legal Solutions 2 1100 Superior Ave Suite 1820 3 Cleveland, Ohio 44114 Phone: 216-523-1313 4 January 11, 2019 5 To: Tope O. Leyimu 6 Case Name: In Re: National Prescription Opiate Litigation v. 7 Veritext Reference Number: 3104528 8 Witness: Charles I. Twigg, IV Deposition Date: 1/8/2019 9 10 Dear Sir/Madam: 11 12 Enclosed please find a deposition transcript. Please have the witness 13 review the transcript and note any changes or corrections on the 14 included errata sheet, indicating the page, line number, change, and 15 the reason for the change. Have the witness' signature notarized and 16 forward the completed page(s) back to us at the Production address 17 shown 18 above, or email to production-midwest@veritext.com. 19 20 If the errata is not returned within thirty days of your receipt of 21 this letter, the reading and signing will be deemed waived. 22 Sincerely, 23 Production Department 24 25 NO NOTARY REQUIRED IN CA</p>	<p style="text-align: right;">Page 305</p> <p>1 DEPOSITION REVIEW CERTIFICATION OF WITNESS 2 3 ASSIGNMENT REFERENCE NO: 3104528 CASE NAME: In Re: National Prescription Opiate Litigation v. DATE OF DEPOSITION: 1/8/2019 4 WITNESS' NAME: Charles I. Twigg, IV 5 In accordance with the Rules of Civil Procedure, I have read the entire transcript of 6 my testimony or it has been read to me. 7 I have listed my changes on the attached Errata Sheet, listing page and line numbers as 8 well as the reason(s) for the change(s). 9 I request that these changes be entered as part of the record of my testimony. 10 11 I have executed the Errata Sheet, as well as this Certificate, and request and authorize 12 that both be appended to the transcript of my testimony and be incorporated therein. 13 14 Date <u>Charles I. Twigg, IV</u> 15 Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear 16 and acknowledge that: 17 They have read the transcript; 18 They have listed all of their corrections in the appended Errata Sheet; 19 They signed the foregoing Sworn Statement; and 20 Their execution of this Statement is of their free act and deed. 21 I have affixed my name and official seal 22 this _____ day of _____, 20____. 23 24 Notary Public 25 Commission Expiration Date</p>

1	ERRATA SHEET
2	VERITEXT LEGAL SOLUTIONS MIDWEST
3	ASSIGNMENT NO: 1/8/2019
4	PAGE/LINE(S) / CHANGE /REASON
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20	Date _____ Charles I. Twigg, IV
21	SUBSCRIBED AND SWORN TO BEFORE ME THIS _____
22	DAY OF _____, 20____.
23	_____ Notary Public
24	
25	_____ Commission Expiration Date

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

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COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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